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WINNIPEG,

January - December, 1925

The Canadian Nurse



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Caught Napping

By ADELAIDE M. PLUMPTRE

Chairman of the Immigration Committee of the Social Service Council of Canada

THE Minister of Immigration in the "Conlablib" government leaned back in his office chair and gazed at the rectangle of white paper, floating upon the shining sea of dark mahogany which was his desk.

On the snowy surface of the paper were written in bold script, two words only:

"Immigration Policy."

Nothing more.

In the outer office a mob of pressmen, clamoring for a statement from the new minister, was held at bay, with some difficulty, by his capable private secretary, George Smith, a priceless legacy from his predecessor in office.

The door opened. George entered, and closed the door behind him before he spoke.

"Is the statement ready for the press, sir?" he asked, anxiously. "I have told them you are in conference and that you are not likely to be disengaged for some time; but, perhaps you would like to have the reporters in and give them an interview. It would no doubt please them."

"For Heaven's sake, keep them out, George! Tell them to come back about midnight. I had no lunch and very little breakfast. My brain does not seem to be working. I must have some dinner before I write the statement—if I write it at all. But I'll try to have something ready before midnight. Come back to the office by eight-thirty, George, and we'll try to put something together."

"Very good, sir. Perhaps you would like to listen-in on the radio a little before we settle down to

work. Mr. Hasbeen had a good set installed here; he said listening-in was an improvement on having your ear to the ground as a way of picking up public opinion."

"A great idea, George! I'll be back by eight o'clock; and we'll hear what people are saying before we commit ourselves to a policy."

By eight o'clock, the Minister was ensconced in a comfortable armchair, having dined well; and now quite prepared to hear what the public was saying, while he smoked an excellent cigar.

"Tune-in, George, wherever you think I may hear something about my job. It seems to be fashionable to talk about immigration nowadays, so I may hear something useful. But give me a little music first."

The exquisite notes of a world-famous contralto, singing a negro lullaby, soothed the frayed nerves of the weary statesman; but were abruptly interrupted by a resonant masculine voice, evidently that of a fluent after-dinner speaker.

"This fair Dominion, ladies and gentlemen, has almost all the gifts that Providence can give, but it lacks the people to profit by them. With her wide empty spaces, crying out for cultivation, her boundless forests, her unexplored water-power, her fisheries, her mineral wealth, her unrivalled climate and the variety of her scenery, our country should be the Mecca of every pilgrim from the old lands and every tourist from the new."

Click—
Silence.

Then a thin feminine voice took up the tale—

"The President of the Associated Social Service Workers, addressing the annual meeting," remarked George.

"This rapid survey of facts, ladies and gentlemen, will show you some of the social consequences of unrestricted immigration. The statistics, which I have laid before you, prove that the immigrant tends, too often, to lower the standards of intelligence, self-control and self-dependence in the country in which he settles. The proportion of the foreign-born in our public institutions is disproportionately large when compared with their numbers in the community. Such immigration is a liability rather than an asset; and we social workers should keep before the public and the government the vast cost of a policy of unrestricted immigration."

The voice died away. George spoke again.

"Here is the Secretary of the Friends of Distressed Europe, speaking at Toronto."

"If you could see the sights that I have seen, you would open your hearts and your purses to those innocent victims of the cruelty of war. These people are a race of peasant farmers. They are accustomed to hard work and coarse food. They could live in happiness and comfort in circumstances in which the Anglo-Saxon would starve miserably. They have very large families, and the children are accustomed to work with their parents. Place them upon our vacant arable land; they would go to the farm and stay there. We need people; they need homes; why not bring the remnant of this persecuted nation to our shores and thus promote both our welfare and theirs?"

"Let's hear what the Professor of Biology is saying at the annual meeting of the Burbank Association. His

views should be interesting," said George.

"The question of immigration should be discussed, not so much in the light of the present as of the future. It matters comparatively little what may be the immediate circumstances and characteristics of the individual immigrant. But it is of supreme importance that the future inhabitants of this country should be bred from a good strain. Long ago, we recognized this principle in breeding our domestic animals. We have produced the best wheat in the world by the application of this principle to grains; why should we not also apply it to the human animal in whose power will be the development of all other varieties of life? We should look upon unrestricted immigration as a direct negation of the scientific principles to which we are committed"——

Here a shrill voice, with a foreign accent, broke in.

"And I too am a citizen of the British Empire. When you Anglo-Saxons were naked barbarians, we Hindus had an advanced civilization. We are of the Aryan family; our caste system has kept pure our strain. Your British armies imposed the presence of the English upon India. Why should we, your fellow-subjects, be debarred from entry into Canada? Some day, we shall arrive in our might and drive out the tyranny of Britain."——

The voice ceased suddenly.

"I guess he got copped for sedition at that point," said George. "Here's someone else speaking from British Columbia."

"This province shall be white. We are threatened by the invasion of a horde of Asiatics who already are laying a strangle-hold upon our most valuable industries. We must keep faith with those who have built up our country upon the basis of Anglo-Saxon traditions and the Christian faith."

"There's a bishop preaching in the Cathedral in the Maritime Provinces, sir. You might like to get his point of view."

The sonorous tones rang through the air.

"My text tonight is taken from the Epistle of St. Paul to the Colossians. 'He hath made of one blood all the nations of the world.' 'Of one blood.' 'The blood of the life.' So we might fairly quote the Apostle as saying, 'He hath made of one life all nations.' What a light this throws upon our relations with peoples of other race, color and language! We have been too prone to dislike and despise those that differ from us; yet St. Paul says that all are made 'of one life.' In this sense we are all brothers and sisters, sons and daughters of one Great Father. Are we always brotherly in our attitude to other races? How far does this Christian principle govern our national policy of immigration?"—

The Bishop's voice faded into silence; and a determined voice remarked—

"At all costs, we must preserve our imperial traditions, and our connection with Great Britain. On this depends our adherence to the free institutions in which we glory and upon which the life of the Empire is based. This should be the guiding star of our policy of immigration"

"That was a Conservative meeting," said George. "Now let us hear the Labor people."

"The demand for the importation of skilled artisans from Great Britain is an effort to camouflage an attempt, on the part of employers, to flood the labor market and thus secure an excuse for lowering wages. There is plenty of skilled labor in Canada already; there is no need to import artisans from any quarter. The lowering of wages means the lowering of the standards of life which the Labor party in Canada has fought

strenuously to raise and maintain at a high level."

Silence.

Then a refined feminine voice remarked plaintively:

"Why does not the Government import more maids and train them for us? There are not nearly enough to go 'round; and those there are seem to be dreadfully ignorant. I cannot see why the Immigration Department does not do something to improve these conditions."

"Perhaps you will be able to help the lady, sir," said George. "It is getting late, but one of the big railway men is speaking to the Rotanis Club. He might be worth hearing."

"Do not allow yourselves, gentlemen, to be led astray by the many will-o'-the-wisps, the cranks and faddists, who would divert your minds from the main need of Canada today. First, last and all the time, she needs people, and more people, and then people again. We railway men have built for the future, not for the present. By bands of steel we have welded together the provinces of this fair Dominion. We foresaw the day when a population of millions, where we now have thousands, would fill the great empty spaces of our land. In no narrow and exclusive spirit, let us throw open our gates and bid the people come in. I see a vision of our ports crowded with ocean greyhounds and the slower craft of commerce. I see our railways laden with travellers and with the commodities manufactured in our own factories which they will purchase. Like the arteries of the human body, our system of transportation will carry the vivifying stream of life through our Dominion. But, gentlemen, all depends upon our adopting and maintaining the policy of the open door! Canada needs population, and needs it more quickly than it can be produced by natural increase."

"Very good speaker," said George.

"Here's the medical officer of health speaking."

"Why do we talk so much of increasing our population by immigration, and think so little of the infant life which we lose, unnecessarily, in our Canadian homes? There are only two ways for a new-comer to reach Canada; either by the stork or by a transportation company: I prefer the method which gives us the new-comer in a cradle in a Canadian home."

"Very sound," said George. "I can hear something very faint. It sounds like the Geneva call. The Council of the League of Nations is in session. You might try if you can hear it."

Very far, but clear, distinct, the voice came into the office—

"The preservation of world-peace depends upon the spirit of friendship prevailing in international relations. Especially will the immigration policies of the members of the League

need to be leavened by this spirit. Upon this spirit are based all treaties and conventions; without it, they are, indeed, to quote the well-known, fatal words, 'merely a scrap of paper.' "

The Minister sat up and stretched himself. On the table lay the pad of paper with its two important words.

"Had a nice nap, sir?" asked George. "You were so sound asleep I did not care to wake you, but the reporters will be back in less than an hour for your statement."

"George," said the Minister, solemnly, "I will give you every dollar I possess in the world if you will sit down and compose a statement embodying a safe and sane immigration policy for the Dominion."

George did not venture to make the attempt; but I feel sure that the Minister would extend his offer if you, dear reader, would care to try your hand at the task!

Notes on Finland

The North has been growing in popularity with the travelling public ever since the world war. The fjords and mountains of Norway rival Switzerland and the Riviera; while Denmark, with its picturesque old towns, beach forests and charming watering places, and Sweden with its beautiful scenery and interesting social and intellectual life, both attract large numbers of visitors to their shores every year.

Finland, too, called "Suomi" in Finnish, is well known to tourists as the fourth northern country, and its unique characteristics make it peculiarly interesting. Finland can in many respects be compared with Sweden. It has enchanting northern scenery with blue lakes, deep pine and fir forests and leafy groves. Neat farms and numerous schools are dotted all over the country. Here and there a sawmill, a water mill, or a big factory standing on one of the

numerous rapids gives variety to the scene, while elsewhere there are only humble cabins, vast moors and monotonous wildernesses. But the pride of Finland lies in its vast, labyrinthine archipelago, which is unique in all the world, and in its endless lakes, numbering between thirty and forty thousand, which have made it famous as "the land of a thousand lakes."

The time when Finland was only known as the home of the wolf and bear is now long past. On the other hand, Finland is not yet a tourist resort in the globe-trotter's sense, with a suggestion of unrest and overcrowded hotels. Just for this reason it has many attractions to offer to those who desire to escape that flood of tourists which overflows the principal travel resorts during the summer season, those who wish to refresh their nerves in the soothing presence of virgin nature without

(See also page 19.)

— Editorial —

In the pages of the current issue will be found a very clear statement of facts relating to the control of cancer and how the nurses can help towards its accomplishment, as contained in a pamphlet received from the American Society for the Control of Cancer.

It is with the belief that nurses will be glad to get facts which will help to prevent cancer and to secure for patients the best prospect of cure, that the article on control of cancer is reproduced.

A graceful acknowledgment of dependence on the co-operation of Canadian nurses and an earnest appeal for their assistance appear in this statement:

"In asking the nurse to help the army of earnest men and women who are working throughout the United States and Canada for the control of cancer, the American Society for the Control of Cancer fully appreciates the many duties and responsibilities which are already placed upon her. The nurse's assistance is, however, indispensable.

"People must be told about cancer,

and there is nobody who can do this more effectively than the nurse. Nobody comes so frequently and intimately into the confidence of the family as she does; nobody is in a position to explain the importance which attaches to symptoms which to most persons appear trifling; nobody can know better the fatal consequences of neglect; nobody can speak with less prejudice or self-interest.

"The realization that she is preventing unnecessary suffering is the nurse's greatest reward. Too often, her sense of duty performed is the only incentive she has to spur her on to the continued efforts which she must put forth in order to make a success of her work.

"It is because of this unselfish devotion that the nurse is now asked to give her assistance to the effort to control cancer, and to help make that effort broader and more helpful than it has hitherto been."

Nurses of Canada! In the control of this malignant disease, both the opportunity and the facts are yours. What use will you make of them?

An Appreciation from the Canadian Red Cross Society

The following resolution from the General Secretary of the Central Council, Canadian Red Cross Society, has been received at the National Office, Canadian Nurses' Association:

Resolved, that the Central Council of the Canadian Red Cross Society, having heard from its Committee on Home Nursing and from its Organizing Nurses most encouraging accounts of the establishment of Home Nursing Classes for women and girls, and realizing that

much of the success of the scheme is due to the voluntary service of the graduate nurses as teachers of these classes, desires to place on record the Society's grateful appreciation of this contribution to the health and welfare of the community; and directs that copies of this resolution should be forwarded to The Canadian Nurses' Association and to the Provincial Divisions of the Canadian Red Cross Society, in order that it may reach the nurses who have given their services.

The Practice of Midwifery in Canada

By E. JOHNS

THE great interest displayed in the midwife question by such a representative group as the National Council of Women came to many nurses as more or less of a surprise. We had ceased to regard the problem as a live issue, or, in any event, we felt it to have been obscured by the more insistent demands for a subsidiary grade of nursing service. It is only necessary to read the press accounts of the recent annual meeting of the National Council of Women in Toronto to realize that there exists among the women of Canada a fairly large proportion who feel that the establishment of midwifery on a recognized professional basis is desirable and should be brought about.

It is the purpose of this article to set forth the conditions upon which this demand is based. These conditions cannot fail to interest us as nurses, even though we may not agree as to the wisdom of the proposed remedy.

While it is true that the practise of midwifery by any other person than the physician is a matter for the medical profession to decide, it is also true that there are certain nursing aspects of the question which we as nurses cannot afford to ignore. For the past year I have been the convener of the Committee on Public Health in the Local Council of Women in Vancouver. During this time the question has been before the meeting several times and has been hotly debated. Widely differing points of view were expressed. There was little or no unanimity of opinion. But it seemed to me that there was a confusion of issues. Many of the women who ardently advocated the introduction of midwives honest-

ly thought the creation of this group of workers would solve the problem of a cheaper nursing service. They thought of the midwife as a person who in return for a small fee could afford a measure of medical attendance, give continuous nursing care, and solve the insistent domestic problem at one and the same time. They did not realize that the midwife, like the physician, could only remain with her patient during the actual time of delivery and that her services must necessarily be shared with other patients if she is to be enabled to make a living. It seems probable to me after a careful study of the discussions in Toronto that this confusion of issues is fairly general in the minds of women throughout Canada, and if I am correct in this opinion it must be conceded that the problem of midwifery has its distinctly nursing aspects, since it is a *nursing* need that is felt as well as a need for medical service.

So much by way of introduction. It may now be of some interest to trace the movement within the Council itself. The attention of the Council had been directed for many years to the question of maternal welfare. This interest was sharply focussed by an address given at an executive meeting in Montreal by Mrs. Charlotte Hanington, at that time Chief Superintendent of the Victorian Order of Nurses, entitled "Maternity Care in Canada." This address was reprinted and fairly widely distributed, thus affording considerable publicity to the views set forth therein. After quoting certain statistics bearing upon conditions in the United States, Mrs. Hanington summarizes conditions in Canada as follows:

"From these facts gathered in a country like the United States with its great hos-

pitals, nurses, training schools, medical school, Federal and State Board of Health, and a strong sense of national responsibility, coupled with great wealth, we can arrive at a tentative estimation of Canadian conditions. In one Western province, a few years back, with a scattered population there were 8,000 births—3,000 of these had medical or nursing care, or both, and the other 5,000 mothers and babies were cared for by 'some one'. In one county in northern New Brunswick, out of 1,000 births, 300 had the care of physician, nurse, or both, while the care of the other 700 was not known. These figures prove we are making a conservative statement in saying that 50 per cent. of all maternity cases in our Dominion are delivered and cared for by midwives.

"What is Canada doing through her Departments of Health, her hospital systems, her voluntary health organizations, her great medical and nursing professions to safeguard the health and life of our child-bearing women? It has been said, and statistics prove that where public health programmes have been carried out systematically the death and infant mortality rate has been considerably lowered, and in those countries where vital statistics are available it has been proven, by the same process, that the span of life has been lengthened; on the other hand under the best possible conditions, as in some of our larger cities, the maternal death rate is increasing to an extent to claim the attention of the medical profession and the health authorities. If this is true in the centres of population what must be happening where little or no skilled care is given the mothers—a lack of vital statistics draws a merciful veil.

"In all provinces except Quebec and possibly Nova Scotia it is illegal to practice midwifery and in no province, with the same exception, is there any provision for the training, licensing or supervising of midwives—at the same time one half of the maternity work is carried on by them. It is to our shame that we give the safe keeping of half of our child-bearing mothers into the hands of women who are ignorant and careless, because they have had neither the training nor the necessary supervision.

"The person who is going to open up the question of the midwife in Canada requires courage. It is not from the point of view of 'introducing the European midwife into Canada' as one authority put it; but what is Canada going to do to make it safe for Canadian mothers to bear children, with the midwives who must continue to practice for a long time to come

because there is no one with whom to replace them?"

With regard to the attitude of the medical and nursing professions Mrs. Hanington speaks as follows:

"The medical profession of Canada is opposed absolutely to the midwife. The nursing profession is equally prejudiced against her. To practice midwifery unless by a physician is illegal; but with our characteristic waste of natural resources, approximately one half of our child life is under control, before, during and after birth by a class of workers who have been denied all opportunity for education for the very important work they are called upon to perform. The medical profession is more and more congregating in the big cities. Physicians and nurses will acknowledge that the obstetrical training received by the medical students and student nurses is inadequate. (This is proved by the increasing accidents at birth and the increasing maternal death rate under our present system, as against decreasing accidents and death rate in England under the Midwives Act.) The study of Obstetrics does not hold first rank in the curriculum of the medical schools. Where do they get their practical training? The fortunate and brightest ones get positions as interns in maternity hospitals and become specialists in obstetrics in cities. We have the great nursing profession, surely they will supplement the lack of sufficient medical men. (I have no hesitation in saying, and I am sure every thinking nurse in Canada will agree with me, that nurses are given a very inadequate maternity training so far as the technique of delivery is concerned.) We are warned on no account to take a case without a doctor, and with our training we are not likely to do so. We make an attractive setting for a good obstetrician and an unwilling and critical collaborator with a poor one. The medical profession is responsible for this condition. They do not fear the competition of the nurse in any other department of the practice of medicine. Child birth is a natural process and with non-interference and cleanliness most mothers are safely delivered—after that, rest and lack of worry for the mother and simple care of the babe is all that is required."

The following statement sets forth Mrs. Hanington's summary and conclusions, and it is upon them that the demand of the Council for the legalization of midwifery is based. They should therefore be carefully read if an understanding is desired

of the point of view of those who advocate such measures.

"With something wrong in the large centres where best obstetrical and nursing care is available, and very much wrong where the ignorant midwife functions, resulting in a rising maternal death rate and great suffering to many, it is time for action! (Statistics show that there are enough physicians in Canada in proportion to the population but they are not properly distributed; the supply of nurses falls short of the demand and they also congregate in cities.) The services of both, are, however, beyond the means of the bulk of our population, so it is impossible for either to function in the rural districts.

"The old family physician, who was part and parcel of our lives, who brought the baby in his black bag, and possibly took part of his bill in potatoes or oats for his faithful horse, has gone, never to return.

"The monthly nurse who took care of the mother and baby, shouldered the household responsibilities, giving the mother four weeks' rest, has followed him. The modern physician and the registered nurse are reigning in their stead, and the majority of Canadian mothers cannot afford this service where it is available and to the most it is not and we make the fatal mistake of ignoring existing conditions. Whenever this question is brought up for public discussion it is quickly side-tracked. The alternative is offered of the graduate nurse with special maternity training; but no provision is made for this training and legislation forbids the practice. (What our fifty per cent. of mothers must have is a woman, with sufficient training to attend a normal case at birth, who understands the care of babies, and above all who will assume the mother's household cares, allowing her to rest, and this must be at a fee the household can afford. The best visiting nurse cannot meet this need—she never will—she cannot live in these settlers' homes and she will not assume household cares. Her price is above rubies in a case of acute illness, for which her long and expensive training fits her.

"There are three stand-points from which we view the midwife question, speaking broadly:—

1. The Midwife must be abolished.
2. The Midwife must be ignored and left to her own devices.
3. The Midwife must have proper education and state control.

"Under existing circumstances the first proposition is impossible; the second is criminal neglect of conditions which so vitally affect our national life; the third is, for the present, the only practical way of dealing with this problem, having for its object the temporary safe-guarding of helpless women and children."

It is not my intention at this point either to agree or disagree with Mrs. Hanington's opinions. I simply bring them forward as evidence of opinions widely held by women in Canada. For that reason, if for no other, they furnish food for thought.

So much for the opinion of those who favor the legalized practise of midwifery. Now let us examine the opposing view. This can best be done by extracts from an address given at the meeting in Toronto by Mrs. Shortt, entitled *Maternity Nursing and Trained Midwives*.

"In Canada health affairs are under Provincial jurisdiction and any system of trained and licensed midwives would be under Provincial Ministers of Health. Quebec and Nova Scotia have these many years allowed trained midwives to practice and provided good training opportunities for those wishing to take the course. Very few have done so—the total as last given in Quebec being fifteen—and these were all in Montreal or its suburbs.

"The insurmountable difficulty is to secure the trained midwife and to ensure to her adequate pay to make a 'good living'. Even in England where there has been an established system for more than ten years—with financial (limited) aid given as an inducement to take the course, Mr. Newman states that 'the number is still gravely inadequate'. He follows this by saying 'the remuneration usually obtainable by practising midwives is seriously deficient—regarded as an annual income. It must be realized that so long as the efficient practice of midwifery fails to afford a proper livelihood—not even the best of regulations, etc., can secure the right women to meet the need.

"We believe the above is the basic reason why we do not see the trained midwife in evidence in Canada. If the fees in Quebec and Nova Scotia had afforded the trained midwife a 'good living', we would have had many more of them. If without specific training their services are in demand and they can make practically as much as the trained person, what inducement is there to leave home for six months or more—attend lectures—write on examinations and stand the expense of it?

"We suspect that to the great majority now acting as midwives there would be no appeal in an invitation to come to take lectures on obstetrics, gynecology, pediatrics and pathology—nor would the prospect of taking notes on the above and writing examinations thereon draw them like a magnet from their known and accustomed place! The course provided for educating

midwives in Quebec and Nova Scotia is much the same as that in England.

"In a recent report Dr. Janet Campbell states that 'in England in rural areas the supply of midwives is inadequate as it is seldom possible for her to make a living.'

"How much less possible would it be, for instance, in Northern Ontario. There might not be twenty births within a year in a radius of thirty miles! Moreover, access to the cases would depend on geography and the time of year. There are many times in the year, in many places, in a clearing in the bush that the case would be inaccessible. Not even a span of horses in daylight can get through the snow at times in some places. There are numbers of habitations inaccessible except in part on foot—or in summer by canoe and on foot.

"In the Prairie Provinces the use of the motor car has greatly facilitated medical service at birth.

"In Saskatchewan and Alberta small hospitals have been established in suitable locations and are supported by Provincial and Municipal grants.

"In Alberta, Saskatchewan, Manitoba and Ontario, there are also Red Cross outpost hospitals for maternity and other cases. These are 'outposts' far from organized hospitals and are of the cottage type—most of them have accommodation for four to nine patients and the nurse. In all of these the services of a Doctor are secured when possible. If not, the registered nurse in charge delivers the case. In some of the hospitals in Northern Ontario there is accommodation for ten to twelve. In recent up to date figures there was only one maternity death in the 314 cases served and this one was due to an infection before entering the hospital.

"The trained midwife does not seem a possible solution of the question of trained service at births in the sparsely settled districts. The extension of the 'outpost' service, whether in Alberta, Ontario or New Brunswick et al., would seem to offer the nearest approach to meeting the need.

"In the cities, the extension of free maternity wards or hospitals would increase the amount of trained service available. The trained midwife—if allowed and provision made for her training—would only be available in sufficient number if she were allowed to charge sufficiently large fees to ensure a good income. If this were so, the majority of those now without trained service at time of delivery would be so still because of the fact of the increased charge.

"In conclusion, we are forced to the dismal view that the ideal of trained service for all, will be long in coming and it may be that it will only eventually be achieved by compulsory hospital care."

At this point it may be interesting to quote the point of view of the Canadian Nurses' Association as set forth by Miss Kate Mathieson, First Vice President, who represented the Association at the meeting in Toronto.

"The Canadian Nurses' Association, which has a membership of 10,000 Registered Nurses in Canada and which is affiliated with the National Council of Women, is opposed to any scheme for the training and licensing of midwives in Canada.

"That is not to say, however, that the Association is indifferent to the problems of Maternal Care in Canada. On the contrary, I doubt if any organized body in Canada has given this subject the careful investigation that has been given to it by the Canadian Nurses' Association.

"The Association believes that a scheme of providing midwives for Rural Communities is not feasible.

"1. For economic reasons. These reasons have been ably summed up in the last three paragraphs of Mrs. Adam Shortt's report.

"2. The Canadian born mother does not want a midwife, and you cannot make her want one. When you have midwives for yourselves and your daughters, then the prairie wife may begin to think there is something in it. I know the prairie woman well. She is a very alert, intelligent young woman who is intensely democratic. She wants the best Canada has to offer and she gets it when the crops are good.

"I wonder if the women of Canada have ever noticed the flicker of amusement that passes over the faces of real Western women when schemes of public benefaction are discussed and the problems are gracefully and easily relegated to 'the Northwest'. Unquestionably, there are more acute problems in the remote fishing villages of Nova Scotia, in rural Quebec, certainly in Northern Ontario than there are on the Prairies, particularly since the Ford car has been taken so generally to the trails, and the telephone is an institution in the rural home.

"While people have been talking for years and years of the perils to Mothers on the Prairies, the Canadian Red Cross Society has been quietly working out a solution. During the last few years, in Alberta, Saskatchewan, Manitoba and Northern Ontario, Red Cross Outposts have been established in outlying and sparsely settled districts far from doctors and nurses and even railroads.

"A registered nurse is in charge of each of these little Outposts. The average number of beds is four, but many have more, some up to twelve beds.

"A Doctor is always called for a case of labor, but if he cannot get there, the nurse delivers the case. Up to the present, 1609 cases have been delivered in these outposts. In Saskatchewan, out of over 400 cases delivered, there has not been a single death. The Canadian Nurses' Association believes that the solution of the Maternal Care Problem in sparsely settled localities lies mostly in the Red Cross Outpost.

"Other matters have been considered.

"The following resolutions were unanimously adopted at the biennial meeting of the C.N.A. held in Hamilton in June:—

RESOLUTIONS

"During the recent Annual Meeting at Hamilton of the C.N.A. the following resolutions were passed:—

"1. Petition all provincial governments to give a yearly bonus to qualified medical practitioners to go into outlying districts which have no medical service.

"2. The Association approves of a plan of establishing small outposts in outlying districts similar to those originated by the Red Cross, with a Registered Nurse in charge.

"3. The Association recommends the extension of the Training and supervising of Nursing Housekeepers to assist Registered Nurses in outlying rural communities.

"4. Petition Provincial Governments to develop and maintain an efficient transportation service for outlying rural communities.

"5. Endorse and extend 'Home Nursing Classes for Women' in remote rural districts."

Full information regarding the practise of midwifery in those provinces where it is legal, viz., Quebec and Nova Scotia, is difficult to obtain. The following regulations obtain in the province of Quebec:—

1. Applicants must be able to produce the following:

(a) A certificate showing that they have attended fifty lectures given by a professor in one of the Universities to which a Maternity Hospital is affiliated.

(b) Proof of six months' service in residence in a Maternity Hospital.

(c) Proof of having assisted at twenty-four cases.

(d) Proof of good character.

(e) Proof of ability to read and write.

The fee for registering is \$20.00.

In Nova Scotia the regulations are somewhat similar. No woman who is not a qualified registered midwife may practise midwifery within the City of Halifax. It is expressly stated that this regulation does not apply

to the rest of the province. In the preamble the following sentence occurs: "Nothing in this chapter shall prevent any competent female from practising midwifery in this Province, except in the City of Halifax." The meaning of this phraseology is quite apparent, but it is not without a certain grim humour. Six women are listed as being registered midwives under the Act in the City of Halifax.

The final outcome of the discussion in the meeting of the National Council is interesting as indicating the sharp divergence of opinion which still existed at its close. Two resolutions were passed, one tacitly advocating the training and licensing of midwives; the other framed along the lines advocated by the Canadian Nurses' Association which has already been quoted. The immovable object has apparently encountered the irresistible force. Still one hopes for compromise. At least the National Council is to be commended for affording an opportunity of full and frank discussion of a matter of great importance to Canadian women.

Certain salient facts seem to emerge from the smoke of battle. It is apparent, for instance, that maternal care in Canada is not all that it ought to be either from a medical or a nursing standpoint. It is further apparent that there exists a definite need for graduate nurses with midwifery training capable of assuming responsibility in Red Cross Outposts and other isolated stations designed to give aid to mothers in isolated districts. Where are graduate nurses to obtain such training without leaving Canada? What legal complications will have to be adjusted before they can be permitted to practise? What will the attitude of the medical profession be toward them? These are difficult questions, but they are not incapable of solu-

(Continued on page 33.)

Nurse's Part in Cancer Control

CANCER, although known for thousands of years, presents many problems which are still unsolved. While other diseases which formerly preyed so ravenously on the human race, such as bubonic plague, smallpox, yellow fever, diphtheria, and typhoid fever, have been conquered by civilization, cancer stands today with its venomous head as erect as ever. Information does not exist which warrants procedures such as have been employed in combatting other diseases, but many lives can nevertheless be saved if the truth about cancer can be generally disseminated.

The American Society for the Control of Cancer is endeavoring to overcome the ignorance and prejudice which in the public mind have so long been associated with cancer and to a considerable extent contributing to the prevalence of this disease, and by disseminating correct knowledge prevent needless suffering and loss of life.

Nurses can give valuable help in the following ways:

1. By making themselves reliable sources of authentic information with respect to the prevention, recognition and cure of cancer.
2. By detecting early cases which would otherwise escape recognition until they had passed to an incurable stage.
3. By exerting an intelligent influence upon those who have cancer in its early and curable stages, and inducing them to seek immediate, competent treatment.
4. By exerting through their enlightened intelligence an influence

against the operations of quacks and other incompetent persons who but add to the plight of cancer patients.

These are the principal ways in which nurses can assist, aside from their ministrations which do so much to ameliorate the suffering of cancer victims.

All nurses are already helping to some extent in the directions which are here proposed; but, in the press of their other duties, and with so few sources of accurate information available to them, many have hitherto been able to give but little attention to the prevention and cure of cancer. Too often, they look upon the disease as hopelessly incurable.

The information which nurses will need most is indicated in the following paragraphs.

Proper Treatment

To control cancer, two things are of principal importance:

First, people must learn to know the early symptoms; and,

Second, people must go at once to a competent physician when they think they recognize the symptoms, and do what he tells them is necessary. In most cases they will not have cancer, but now and then a case will be discovered which can be cured.

The forms of treatment which are recommended by the American Society for the Control of Cancer are surgery, and radiation by means of radium or X-rays. Sometimes a combination of these is employed.

There is no one treatment which is necessary and sufficient for all cases; each case requires to be treated with a full knowledge of the circumstances and conditions which are

peculiar to it. For there are many kinds of cancer, and the individual patients do not always react in the same way toward the cancer or toward the treatment which is employed in order to cure it.

Wrong Ideas Which People Have

Before putting right ideas into people's minds, it is often necessary to remove wrong ones. Following, are some wrong ideas which interfere with the control of cancer.

Many people have an unreasoning fear of what they call "the knife," and this prevents them from seeking the proper surgical treatment when they should have it. They do not know what scientific surgery is accomplishing every day. They do not realize the good that it does in great hospitals and throughout the country in the practice of innumerable physicians. They have no appreciation of the number of lives which it saves, the suffering which it alleviates, and the disabilities which it corrects.

The nurse can be of great assistance in overcoming groundless fears; there is so very much which she can explain from her own knowledge.

It is common for people to hold wrong ideas about radium and X-rays. They mistakenly suppose that some peculiar curative value lies in them because of their seemingly mysterious character.

The nurse can explain that radium and X-rays are really tools. They are much like other tools and can accomplish valuable results only in the hands of skilful persons. They are tools in the same sense that a surgeon's instruments are tools. They are of no value in themselves, but, in the hands of those who know how to use them, they can be made to accomplish valuable results.

No one should suppose that because a doctor possesses some radium he has great knowledge or skill in the

cure of cancer. He may have it or he may not. Radium and X-rays may do harm if they are not employed with knowledge and experience.

One of the wrong ideas which people often have is that proprietary remedies are capable of producing remarkable cures in cancer cases. The fact is that many of the cures which have seemed to be accomplished by these things have had no relation to cancer at all. Generally, something which seemed to be cancer, but was not that disease, was treated. The patient might have recovered without any treatment.

Confidence should not be placed in so-called Indian cures, or the prescriptions of gypsies, or the professions of persons who say they have obtained their knowledge from very old women or men. Beware of secret cures for cancer.

Nurses are often consulted with respect to serums and special diets, and it sometimes seems to them that such treatments are beneficial. Unfortunately, the improvement is more apparent than real. The treatment may seem to exert a favorable influence for a time, but no serum or diet has thus far been found which is capable of curing cancer. In those instances in which improvement seems to occur, it is in the general health and not in the cancer itself. A cancer, if not properly dealt with in the beginning, almost invariably grows until it kills its victim.

Right Ideas Which People Should Have

Among the most useful things which are known about cancer is the fact that chronic irritation is frequently a contributing factor in its causation. To prevent cancer, therefore, is to prevent the irritations which lead to it.

The irritation may be produced in any one of a number of ways. There may be a constant rubbing of cloth-

ing upon a raised mole; dirt may become ground into some crease in the flesh where continual movement takes place; a broken tooth may wear upon some part of the mouth or cheek; a person may have the habit of knocking or rubbing some particular part of the body in the ordinary acts of every-day life; a man in shaving may repeatedly cut himself in some particular spot; irritation may be produced by bacterial infection—as, for example, where a focus of infection exists for a long period.

Some persons are more apt to have cancer than others and some are more inclined to have cancer in some particular place than anywhere else. Men are more apt than women to have cancer of the mouth; women are more likely than men to have cancer of the breast.

But eminent cancer specialists generally agree that cancer is not inherited, or contagious, or infectious, or otherwise transmissible among human beings, notwithstanding the fact that instances occur now and then which appear to prove the contrary.

People rarely have cancer under 30 years of age. Above 40 the incidence increases rapidly. On the whole, women have it more often than men. There is less cancer reported in the Southern States, and in southern countries generally, than elsewhere.

There is no test which is capable of showing whether a person is susceptible to cancer or not. There is no blood test which tells whether a person has cancer. Cancer is not a constitutional disease. It is not known to be due to errors in diet. There is no evidence to suggest that it is produced by worry, or smoke, or artificial light, or any condition peculiar to civilization.

Cancer is a phenomenon of growth. Some of the cells of which the body is composed set up an active, un-

governable, unrestrainable multiplication. Unlike the other cells of the body, they refuse to follow the regulating and limiting control which Nature imposes upon all normal and healthy forms of life. Why they do this is not known, although some of the things which sometimes lead them to do so have been discovered; as, for example, irritation.

Symptoms Which Nurses and Others Should Know

The following are some of the things which nurses should keep in mind in order to help in the control of cancer:

1. Any continual irritation, particularly in the mouth, such as may be caused by the use of tobacco, or by jagged teeth or poorly fitting plates, may lead to cancer.
2. A lump in the breast may or may not be cancer. In either event it is something abnormal and, being such, demands immediate investigation.
3. An unusual discharge. If a woman is forty years of age, or more, a periodic examination once a year by a thoroughly qualified physician is desirable. Particularly is this important if, after the menopause, a discharge again occurs.
4. A bloody discharge from the rectum or bladder should be regarded as possibly due to cancer.
5. Indigestion that cannot be satisfactorily explained may be cancer.
6. A sore on the face, or in the mouth, or anywhere on the skin that does not readily heal—that is, heal when kept clean, and this within two or three weeks—should be investigated by a competent physician.
7. A wart or mole which changes in size or appearance should arouse suspicion. The patient should be urged to go at once to a good doctor and ascertain the cause.

(From the American Society for the control of cancer.)

Transfusion in Haemorrhagic Disease of the New Born

By MARY R. SHAFFNER, R.N.

THE story of the unsuccessful attempt to save Pope Innocent's life in 1492, by bleeding three lads to death, illustrates that from earliest times blood has been recognized as vital to the human body. It was not, however, until four hundred years later that any real progress towards modern methods of transfusion were made. Harvey published his Discovery of the Circulation of the Blood, and from time to time attempts were made at transfusing. Sometimes the results were startling and then it seemed as if transfusion would be the cure-all for every malady of youth and old age. Then again, there would be fearful disappointments. The methods were numerous and crude and only 50% successful; and at one time transfusions were even prohibited by law in France.

The year 1818 marks the real beginning of blood transfusion. Later, with the work of Carrel on Blood Vessel Surgery, then Murphy, Crile and others, the technique of direct transfusion was placed on a firmer basis than ever before. Still the fatalities from reactions were great. Then came the realization of the incompatibility of the transfused blood. As a result, about 1906, Moss, Jansky and others classified human blood into four groups according to their agglutinating reactions. After the beginning of the twentieth century, transfusion received a fresh impetus. Improvement in methods and notable contributions were made, and it has steadily gained in perfection up to the present time.

However, there is always something new, and there was yet another epoch in the history of clinically applied transfusion. In 1908 a babe was successfully transfused for Haemorrhage of the New Born, while

previously almost all patients with this condition had died.

So, as blood is vital to the human body, and as the new born babe has so little to lose, within the last few years the introduction of adult blood is recognized as specific in the treatment of Haemorrhagic Disease of the New Born.

True Haemorrhagic Disease of the New Born is a spontaneous bleeding of unknown origin. We know, however, that the bleeding is controlled with the introduction of whole adult blood, and also that the normal bleeding and coagulation time is established, as nearly always one transfusion is sufficient. The normal coagulation time is five to ten minutes in the new born infant, but in Haemorrhagic Disease the time may be extended from twenty to ninety minutes. Evidently, the blood must lack elements necessary to coagulate and the adult blood introduced must furnish these elements (prothrombin), or stimulate the production of them.

Haemorrhages, at this early period of life, are not exactly common, but are more frequent than in childhood. The parents are usually healthy people and the babe normally delivered with no evidence of traumatic birth injuries. Also, the condition is quite distinct from haemophilia, as the bleeding does not persist after transfusion.

The symptoms manifest themselves from the first to the fourth day of life. The haemorrhage may be limited to one organ or part or be very general. Blood may ooze from the umbilicus or skin, mucous membranes of the mouth or nose, or may be vomited or passed in the stools. Most of the cases we transfuse here for this condition are those bleeding from the gastro-intestinal tract.

The baby exhibits the usual symp-

toms of haemorrhage and shock and appears very exsanguinated compared to the usual "rosy" new born. Early diagnosis and immediate transfusion are essential.

The procedure of transfusing a wee baby is precisely the same as that employed in an older child.

All our donors are "grouped." No transfusion is done without the donor and the recipient both being grouped—and a card stating the groups of both is signed in the laboratory and accompanies the donor to the operating room.

Blood groups are not inherited, but are established and do not change. Neither do we use a group blood as the so-called universal donor.

The blood is removed from the median basilic vein of the donor's left arm, and injected into the internal saphenous in the baby's ankle.

This site was selected by the late Dr. Bruce Robertson, who did a great deal of work in this field of surgery. Even in infants, the lumen is quite wide and the walls fairly thick. We also use Dr. Robertson's rule for the amount of blood to be given, which is fifteen c.c.'s per pound of body weight (an infant weighing six pounds would receive ninety c.c.'s of blood), giving, of course, more or less according to the case and condition. Out of a series of forty cases transfused by Dr. Bruce Robertson only four were lost, due to associated conditions.

And so, when a distracted young father and a much perturbed grandmother rush a very small and very white bundle to the hospital, we can assure them almost to a certainty, that after a transfusion the baby will "be doing nicely."

Notes on Finland

(Continued from page 8.)

sacrificing their demand for a certain degree of comfort, or those who long to visit unknown regions which are not yet represented in every collection of picture postcards.

Finland combines many of the advantages of more frequented countries with the charms of the unknown. Steamboats and railways convey the traveller to all parts, but yet these modern means of communication go for mile after mile through uninhabited forest districts or over vast lakes. In the wondrous beauty of the northern summer, when the nights are light with an opalescent sky, and the sun only sinks for a short time below the horizon while all things stand shadowless and seem themselves to radiate light, this unique scenery has a peculiar fascination, and no lover of nature will repent a journey to this "distant" land.

Routes to Finland

There are a number of different

routes to Finland. The most direct way from England is by the Finland Line steamers, which leave Hull every week for Helsingfors, in Finnish "Helsinki," or Abo, in Finnish "Turku," via the Kiel Canal. These steamers are absolutely first-class and constructed in accordance with the most modern ideas for passengers' comfort; and the cooking is excellent.

There are also first-class steamers from Stockholm on five days in the week, from Copenhagen once, from Stettin twice, and from Lubeck once. The length of the various sea passages is as follows: Hull—Helsingfors, nearly four days; Stockholm—Helsingfors, calling at Hango (in Finnish "Hanko") twice a week, 24 hours; Stockholm—Abo, four times a week, 14 hours in summer, a little longer in winter; Stettin—Helsingfors, 48 hours; Lubeck—Helsingfors, 56 hours; Copenhagen—Helsingfors, 44 hours.

School Work in the Hospital for Sick Children, Toronto

By FLORENCE A. CHAMBERLAIN, Instructor

PROBABLY few, outside the Hospital, know of the work conducted among the patients, under the Board of Education; in spite of the fact that it has been carried on for many years with ever-increasing interest on the part of those connected with it. The work was first undertaken by the nurses, but this plan proved inadequate as they had neither the time nor training needed. The Board of Education then appointed a regular teacher who was able to carry on much more satisfactorily. A summer course for teachers of auxiliary classes has been conducted at the University of Toronto under the Ontario Government, which includes lectures in psychology and psychiatry, besides lectures and practical work in manual arts. The development of particular courses suitable for special classes, such as sight-saving, deaf and dumb, defective speech, mentally defective, and physically disabled, are studied. At present two teachers, both graduates of this course, are in charge of the school in the Hospital, consequently the children with better instruction and twice the attention are making corresponding progress.

There are two objects in view here. The most important of these is to teach the patient so that when recovered he may return to his own school as little behind his class as possible. The need for this is apparent when one considers that the time spent in the Hospital by some of these little patients extends to three or even four years. In addition, an effort is made to enable the patients to pass the hours pleasantly and profitably.

To fulfil these objects, all the regular academic studies are carried on as soon as the patient is well enough. From necessity, a large part

of the instruction is bedside, and one cannot but admire the adaptability the children show in holding the books and writing their lessons, even when lying on their backs. As a rule, the children enjoy this work very much and are anxious to make headway, but here as everywhere else, human nature asserts itself, and one meets the small boy who feels his presence in the Hospital should be excuse enough for a holiday from school.

Then besides this, a great deal of time is spent in craft work. The children are taught knitting, crocheting, sewing, embroidering, weaving, book-binding, paper-cutting and folding, wood-cutting and basketry. Here the children get a great deal of pleasure as they realize their usefulness.

The craft work is very practical. In one case the boys made a wooden bed, enamelled it white, and handed it over to the girls who fitted it out with a complete set of bedclothes. At Christmas time, every child sends out one or more articles of his or her own making. These may be attractive wooden toys, whisk holders, key-boards, carved boxes, bags, aprons, woven scarves and tams, house shoes, loose-leaf books, desk pads, games, or other articles too numerous to mention. The Board of Education is very generous with supplies for all this work, but the parents and friends of the children contribute to make certain work possible.

It has been frequently suggested that an exhibit of the work be held. This has never been done because it would mean the holding of articles which the children wish to see in use, and also because it is not always possible. The only time an exhibition was attempted, one child developed scarlet fever, and the exhibition was reduced to the "quarantine" placard.

Department of Private Duty Nursing

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A Few Thoughts on Private Nursing

By CATHERINE DE NULLY FRASER, Reg.N.

Although I feel there are others more capable of dealing with this subject than myself, I can claim some experience, having "specialized" 140 to 150 patients, many of them in their own homes, where hospital conveniences are lacking. I know something about a broken night's sleep after a hard day's work, especially on the cold winter nights when your rest is disturbed during the hours the furnace is giving out no heat and you shiver as you lie down once more and try to warm up again, with perhaps just a coat spread over you, and your bed is anything from a couch to the top of a wooden trunk—anything so long as it is sufficiently near your patient's room to enable you to be within call.

I also know something about those long lonely hours in the dead of night or in the cold grey dawn, when the patient hovers between life and death; when, if you dare lie down at all, your ears are kept strained to catch each breath for fear the spirit takes its flight without your knowledge, or before you can call the family to bid their last farewell. Or perhaps it is a case of delirium and as you listen to the incoherent muttering and see the wide-open staring eyes gazing up at the ceiling, you wonder, as your nerves give a little involuntary twitch, if the patient will suddenly take it into his head to get out of bed; and whether you

will be able to manage him alone or to get assistance in time.

How friendly the morning light is after nights like these! How you long to "bake" in some hot sunshine to make you forget the gloom of those dark hours! But every cloud has its silver lining. I have just touched on the "seamy" side of nursing so far. Let us look at the bright side now. The joy and satisfaction you can feel when your patient safely passes the crisis; or after delirium and wakefulness falls into a peaceful and natural sleep, and you know your treatment has been responded to and your efforts have had the desired result! How happy the household becomes and how worthwhile nursing seems!

Nurses sometimes feel that they are imposed upon, or are expected to do what lies outside their province when nursing in patients' homes. Well, this is not my experience, although I have done all sorts of odd jobs while following my profession. I believe a nurse, to be fully efficient, should be able to supervise all household arrangements when necessary while nursing her patient. No hard and fast rules and regulations can be laid down as to the duties of a private nurse. She is more or less free to make her own arrangements with the family and to use her own initiative in a way she cannot do

in institutional work. But a nurse who is adaptable in all circumstances, and who remembers that giving mental rest to her patient's mind is the first thing necessary to help towards quiet sleep, and rest to the body, has grasped the real essential in private nursing.

Whatever will help your patient in any way physically or mentally—should be your business: either to do yourself or to see that it is done; whether to feed the children, start the furnace, wash the linen, or cook a tempting meal. Remember, the patient is the one benefitted indirectly, and you nearly always gain the gratitude and confidence of the family, who try to make things easier for you and show you what consideration their circumstances permit. At times I have had my feelings more ruffled by over-officious help than by too little.

On one maternity case, for instance, the maid, who thought the proper thing was to "stuff" nursing mothers with liquids at all hours of the day, would slip in with food to my patient when I was out of the room; and perhaps not just what I had planned to give, or not as daintily prepared as I could have wished. But my patient begged me not to say anything, as it was well-meant and she did not want the girl's feelings hurt.

Then there are occasions when you get offers of help which you do not feel like accepting. For instance, you may be worried that your patient's condition is not so good. You feel that your efforts must be doubled, and more careful watch given to all symptoms, when some member of the family says, "You look tired, nurse; go out and have a good time.

I can easily look after the patient and do my other work as well. He won't want much anyway, will he?" And you reply, "Thank you, but today I think I will not go out as usual, but I may lie down for a little, where I can be within call."

In England, since the war, some of the private nurses are objecting to being called plain "Nurse" and wish to retain the title of "Sister" which they were given during the war. Dealing with this subject, a leader in the "Nursing Mirror" says as follows: "Do those whose office is chiefly 'to nurse' consider that to be so addressed is derogatory to their dignity? Organized nursing of the sick apparently had its origin in the fourth century of the Christian era, and the pioneer of what has been called the 'great sisterhood of nurses' was Fabiola, a Roman patrician lady, who in A.D. 380 founded a hospital in Rome, and helped by the Empress Flacilla, devoted herself and her fortune to the work of caring for the sick poor. The great London hospitals—St. Bartholomew's and St. Thomas—were founded in the Middle Ages and were connected with religious bodies thus introducing the term 'Sister' into hospital life. Though now generally shorn of any religious significance, it still continues to be prized by its holders as imposing upon them a special dignity and priority of office—but let those of the great sisterhood of nurses whose mission it is to tend the sick—rich or poor—in their own homes, be content with the gentler, far older, and quite as honourable title 'Nurse,' meaning 'one who cherishes'."

[Editor's Note:—We regret that the conclusion of Dr. Wagner's article, "Immunity and Immuno-Therapy," has not been received for publication in this number of the magazine.]

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
Miss EDITH RAYSIDE, General Hospital, Hamilton, Ont.

A Few Remarks About Affiliation

By ELSIE ROBERTSON, Reg.N.

Superintendent of Nurses, Municipal Hospitals, Winnipeg

PERHAPS in the present day among nursing educators, the word "affiliation" is used more than any other word in the nursing language. We speak of it when associating one school of nursing with another for the purpose of completing the education of the student nurse.

Few nurses need to be informed as to why a demand has been made for such affiliation, but it may be well to review them briefly:

First: There are a great many hospitals whose capacity ranges between 10 and 20 beds. The patients in all of these hospitals must be nursed, and the student nurse has been found the most satisfactory person for that service.

Second: The nursing education of these schools varies as greatly as the number of hospitals from which the students graduate. Every graduate has contributed towards the steady increase in the numbers of her profession, and no matter where her service is required she must now, more than ever, be prepared to meet its varying demands, whether they be of an industrial, social service, school, public health or hospital nature. She has to deal with an enlightened public demanding one hundred per cent. nursing service and efficiency—hence the need for affiliation to equip her fully for any and all calls upon her knowledge of nursing in its every phase.

To summarize:—First: Many hospitals of limited bed capacity and types of service, which otherwise serve the public well, are not equipped to prepare the student to meet fully the requirements of nursing after graduation.

Second: But these hospitals must have a nursing body.

Third: The increasing demand for nurses who have had a liberal and varied education in the different types of nursing service tends to draw the prospective student to those schools which provide such an education. The women at the head of these small schools fully realize, and have long recognized, the need for affiliation for their students in other branches of nursing service, but wonder how they are to meet this obligation to the student. No doubt one of the reasons is an economic one from the viewpoint of the hospital management and perhaps the Superintendent herself, with the question facing her—How are we to do the nursing of this hospital if we send our students away for a period of from three to twelve months during their three years of training? However, as Superintendent of Nurses, and believing in affiliation, her first duty is to try and educate her Board to this need by increasing the number of students, evading any tendency on their part to reduce the care of the patient under her charge by not granting this increase.

As head of the training school, her duty lies in the education of her students, and having undertaken this responsibility she therefore must not permit herself to economize where this factor is concerned.

The Superintendent who believes in giving a sound fundamental nursing education to her students in medical, surgical, and obstetric nursing; who realizes the need of other branches, such as pediatrics, social service and communicable diseases; and in whose hospital a large majority of the patients require obstetrical and surgical

nursing care, will round up an affiliation for these special branches. In approaching her Board, what reason does she give for this desire on her part?

First: She points out the responsibility the hospital has assumed in accepting young women to educate as nurses and, as business men, they ought to realize the need of keeping to an agreement, and assisting her in obtaining the best education possible for them. Otherwise, the hospital should not assume the name of a training school for nurses.

Second: The Superintendent having taken these responsibilities will point out the need of further education, not only for the particular needs of her own hospital, but for the benefit of the community as a whole—a responsibility which cannot be disregarded, as it helps to increase the number and grade of students for their school and therefore is a valuable asset to the hospital. Undoubtedly, if the matter is clearly and earnestly presented to the members of the Board they will realize that, if the student is a sound thinking woman, she will look for a high standard of education from her school.

Third: The fact that the Provincial Board of Examiners for Registration of Nurses demands certain standards for registration of graduates would seem a final point to be presented. For this reason the co-operation of the Board will be wholehearted in seeking affiliation for the student, because they believe it to be right, and not from any other motive.

The Superintendent having secured affiliation will no doubt be confronted with this question—How am I to get the necessary instruction for the students covered with one or more members of the class away for affiliated work and at a distance which prevents the students returning to the home school? This could be overcome by carrying out instruction in the first and second years before the affiliated work begins, leaving the last year for

special course work and thus avoiding any interruption during the period these special courses are being given. If the affiliated hospital is doing her justice in this respect by giving her theory and practical work, there will be no lost ground. Her time will be fully occupied, and there will be less tendency to divide her interest, and lessen her concentration on the work in hand by having a superficial knowledge of the many subjects that she is trying to cover.

In seeking affiliation, the Superintendent will ascertain whether there is a qualified nurse instructress and that her student will receive instruction both in theory and practical work. This will mean that the affiliating school will be required to repeat that particular instruction to each group admitted.

It will be necessary to have some form of agreement on the following points between her hospital and the one giving affiliation, such as:—

(a) Length of period of affiliation.

(b) Number of students sent at one time—regular or irregular periods.

(c) By whom the transportation to and from the affiliating school and the allowance, if any, shall be paid.

(d) Loss of time made up—where, and if at all.

(e) Method of dealing with problems of discipline, if any.

(f) Notice agreed upon for withdrawal of affiliation.

A record of students' work covering theory and practice should, in all instances, be sent in advance. This would inform the affiliating school what to expect of the student. It takes some time for the student to adjust herself to new surroundings as the type of work is entirely different to what she has been accustomed to. This would apply particularly to a special course in communicable diseases where medical asepsis is practised—one often hears the student say, "I feel like a probationer again."

A report on work and examination should be sent to the parent school on completion of course.

I think that where the affiliation is of two or three months' duration, the financial responsibility should be borne by the parent school, as additional supervision is necessary in the affiliated school when frequent changes in the personnel of the nursing staff are taking place, and where both theoretical and practical instruction are necessary for this new and particular type of disease which the student is about to handle for the first time.

It would also be advisable, where the testing and immunizing can be done some weeks in advance, for the student taking a communicable disease course, that the systematic use of toxin-antitoxin should be resorted to

in the case of all who give a positive Schick reaction, as this immunity often requires several weeks to develop. Students should also have had a recent active vaccination against small-pox.

At present the Winnipeg Municipal Hospitals are giving affiliation to fifteen training schools, namely:—Manitoba, 9; Ontario, 2; Saskatchewan, 4.

No doubt a great many of you have discussed this subject before, but if a repetition of it will help to accomplish anything in securing affiliation for those who have not yet obtained it, I shall be glad for the students' sake, as it will mean everything to them in after life; it represents the difference between a good degree and one that is only fair or maybe poor.

(Read at the C.A.N.E. Convention, June, 1924, Hamilton, Ontario.)

The Nobility of Death

"To many of us the contemplation of death, even at the end of a hundred years, is always sad; but this is the narrow subjective emotionalism of the individual reacting against past loss of companionship and presumptive unknown changes. Science has given the world a conception of death full of nobility and beauty. Death was the price exacted in return for the gift of body and of mind; for power to think and will to do; for joy and sorrow and hope and desire; for consciousness instead of mere existence. Death came that life might be worth living. The little one-celled animalcules one may pick up by the thousands in a pailful of pond water do not die. They grow and divide. grow and divide. and so on and on forever. if they find food and warmth and moisture. Even the individual cells of our own bodies are potentially immortal. From the experiments of Loeb, of Harrison and of Carrel one can draw no other conclusion. The various tissues of the body can be kept growing in artificial cultures, month after

month, year after year. But what a life—cell division in a glass jar!

"Life, therefore, is inherently continuous, and death the price of differentiation. Death is an attribute only of a complex body as a whole; because in this complex body the organs have come to be dependent on each other. Natural death occurs normally and necessarily, only in a body composed of many cells; and then, only when that body has lost the power, functionally or mechanically, of regenerating itself from any part. Death approaches threateningly any time there is a breakdown of an essential organic system, and descends speedily if repair is not quickly made; it comes at last inexorably, simply because the business of living finally slows down and clogs the machine with poisonous waste produced by its own activity.

"One would rather be a man, the poorest and most abject sort of a man, than an amoeba. We have accepted inevitable death in return for increased freedom of life."

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Making the Country Safe for Children

TALIAFERRO CLARK, Surgeon, United States Health Service

IN the early days of my professional career, I was called to a home of tragedy where the only child, a small boy, lay dead, accidentally shot and instantly killed by a little companion while playing with a rifle. Scattered about his room was the usual paraphernalia of a boy's play and study—the school books on a table, a pair of roller skates on the floor, a set of small boxing gloves on the couch, mute evidences of a boy's love and laughter which never more would gladden the hearts of his parents. Standing in a corner of the room was the small rifle, the deadly toy which was responsible for this child's death. Well do I recall the horrified though chastened comments of sympathetic friends and neighbors on the fabulous fondness of these indulgent parents that permitted them to give to their child so deadly a plaything. Happily, accidents such as this one are few and far between in a single community. Yet, not even faintly did these friends and neighbors realize that tragedies of equal seriousness are of frequent occurrence, and that each day some child, killed, from causes as easily controlled, lay in some home of their city, for in this city at that time, the deaths of infants under one year of age alone, comprised practically one fourth of all the reported deaths from all causes.

A great deal of water has passed under the bridge since that day. The infant mortality rate for this city is now almost 50 per cent. lower than then. This has been brought about by much study, the gradual unfolding of greater knowledge of public health problems, improvement in the domestic and civic environment, the adoption of better health administrative me-

thods, the persistent application of the principles of hygienic living and the instruction of parents who continue in need of health instruction now as then.

Here, today, we are not so much concerned with the health problems of the children residing in cities as we are of those living in remote places. The city child is subjected to many health hazards that are not so frequently met with in rural districts, but the facilities for preventive work and medical and surgical relief are much greater. Therefore, one of the great problems, and one not easy of solution, confronting those of us specializing in child health work, is how best to safeguard the lives and promote the health of mothers and children who live in rural districts with limited and, very frequently, no medical, nursing or social service.

Until within the last few years, and even now in a great number of places, rural parents have had to depend on healthy environment and the mother's care and love for the successful rearing of children. Mother love and mother care for ages were almost the only forces that saved the child, and, by saving the child, preserved the race. Yet, experiences show plainly that, as in days gone by, and to an even greater degree in the present, because of the manifold complexities of the twentieth century civilization, all the love and all the devotion in the world cannot save many who would be saved by scientific measures.

"Old wives' wisdom" handed down from generation to generation is unbelievably faulty, even if at times better than no wisdom at all. It is mostly local, represents only the experience of small communities, is

incomplete and in many ways contradictory. Its very basis, like that of the medical practice of by-gone days, is wrong, for it considers the child as a small adult instead of an undeveloped adult in need of special treatment to carry him through the stages of development. As a result, trifling ills, many of them easily remediable, are untreated and even unnoticed, which later brings great and inevitable disaster on the helpless infant, or if he survives, on the adult. Mother's love, no matter how anxious, cannot always discover why the child does not thrive, but by its insistence and with the help of thoughtful men and women such as represent the Canadian Council on Child Welfare here today, finally compelled the laying of the foundation for the present system of child health supervision, the foremost problem confronting the public health administration bodies the world over, because on it depends the very fibre of the nations that are to be.

An Ideal Programme

Most of us will agree that an ideal system of child health supervision should at least take cognizance of medical, nursing and social service measures:

(1) Safeguarding the health of expectant mothers;

(2) Improving the character of obstetrical and nursing care and lying-in facilities during child-birth;

(3) Securing accurate registration of all births and deaths;

(4) Controlling conditions harmful to the health of infants;

(5) Supervising the health of the child, and the sanitation of his immediate environment during the pre-school and school age;

(6) Safeguarding the health of children in industry; and

(7) Securing special care and training for children physically or mentally handicapped.

Such a programme is impossible of execution in its entirety in any but the most favored community, and the suggestion of it would probably reduce the average rural community to hope-

less, paralyzed inertia. Therefore, let us pause and consider well what may be done for our rural areas, many of them sparsely settled.

Central Assistance and Supervision

The number of rural districts able to organize and properly carry on child health supervision is relatively small. The need is apparent to all that supervision and assistance in some form must be furnished by a central administrative body. With us in the United States, such supervision is maintained to a greater or less degree by the several State Boards and Departments of Health. A number of our more progressive official State health agencies are taking advantage of the increased funds accruing under the provisions of the Federal Welfare and Hygiene of Maternity and Infancy Law to reorganize their respective bureaus or divisions of child hygiene and secure personnel of highest training and efficiency for the purpose of advising and assisting the local health agencies in organizing child health work.

The extent of the assistance that may be supplied by a central authority must necessarily depend on the amount of funds available, both to the State and locally. The character of the assistance must largely be governed by local needs.

An ideal minimum central administrative organization and budget should provide, in addition to a director with the necessary clerical force, for office and field equipment—a director of school hygiene, a pediatricist, a supervising public health nurse, a director of public health information and instruction, education material and transportation.

Owing to the regrettable disinclination so generally manifested by appropriating bodies to provide funds adequate to the health needs of a state or community, comparatively few of our states were able, prior to the passage of the federal maternity and infancy law, to organize child hygiene bureaus on even this simple scale. For this reason, the organization outlined must of necessity be subject to such modi-

fication as will best meet the special requirements and satisfy the special needs of individual states.

Routine local public health work, when supplemented by the advice and assistance furnished by a well organized central authority, will achieve greater results in protecting the lives and promoting the health of mothers and children than can possibly be accomplished by either authority operating alone.

The central agency must always be in a position to respond not only to calls for help from local health agencies, but also from interested non-official individuals and groups in communities that have no form of health supervision by either local health board or public health nurse. It is highly important to respond to such calls, and thus keep alive the spark of interest in child health work until the time when it may be feasible to organize locally on a permanent basis. There are many ways of maintaining interest, such as organizing women for weighing and measuring school children, bringing about improvement in birth registration and like activities that may be carried on for educational effect without immediate supervision.

On final analysis, success in child health work depends on the ability of the local agencies, whether official or

volunteer, to function with thoroughness. It should be the duty of the central administrative body to establish policies, carry on research, standardize methods of procedure, maintain supervision, make surveys and furnish advice and assistance in planning and organizing local work. It should be the duty of the local organization of representatives to carry out the policies and apply the principles and procedure established by the central body, with such modification as may be found necessary to meet the local conditions. In other words, the central body is a factory that builds the engine, the local body is the driver who turns on the steam, maintains the engine in good working order, and on whose endurance, knowledge and skill, satisfactory results will largely depend.

Local Board of Health

Child hygiene by beginning one generation ahead of disease, by treating the causes of bad health rather than the effects, offers the most certain way of assuring a healthy adult generation. Child hygiene, therefore, is a great entering wedge for the entire public health programme, and as a means of assuring a generation free from disease, occupies a peculiar position in the public health field.

(To be continued.)

Notes on Current Literature of Interest to Public Health Nurses

Child Welfare

No. 128—Illegitimacy as a Child Welfare Problem.

No. 5—Child Health Programme for Parent-Teachers' Associations and Women's Clubs. (Dept. of the Interior, Bureau of Education, Washington, D.C.)

Nutrition

No. 842—Indices of Nutrition.

No. 15, Vol. 39—Some Tendencies Indicated by the New Life Tables. (Surgeon-General, U.S. Public Health Service, Washington, D.C.)

Health and Nutrition Chart, with explanatory notes, useful for teaching purposes. (The Philadelphia Child Health Society, 1506 Locust Street, Philadelphia.)

Mental Hygiene

Mental Hygiene and the Public Health Nurse: V. M. MacDonald. (J. B. Lippincott.)

Mental Health Primer. (National Hygiene Committee for Mental Hygiene, 370 7th Avenue, New York—25c.)

Public Health Nursing

Rural School Nursing. (American Red Cross, National Headquarters, Washington, D.C.—35c.)

The Organization of Public Health Nursing: Brainard.

Evolution of Public Health Nursing: Brainard.

Sanitation for Public Health Nurses: Hill.

Public Health Nursing: Gardner.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal

Student Government

The discussion in Ontario at present regarding Government Control in the Temperance question has suggested to me my subject, "Student Government Control".

Early this year our Superintendent called a meeting with each class and brought to their attention the necessity for, and advantages of organization in a school for nurses, especially in a large school. A committee was formed to consider the matter and Miss Percy, president of the Student Government Control, Toronto General Hospital, was invited to come and confer with us on Student Government. Later, a Constitution and By-laws were prepared and submitted to the entire school for approval, or amendment if necessary. A General Election followed. Each class organized into a body and appointed their representatives to the Student Government Council.

Organization: The Council consists of Hon. President (Superintendent of Nurses) President, Vice President, Secretary Treasurer, House Committee, comprised of a representative from each class including the Preliminary class, and a Committee of Appeal, made up of the Superintendent of Nurses and Instructress of Nurses. In the case of all findings and decisions by the Council, appeal is made to this Committee, who then confers with the Council. Final judgment rests in the hands of the Committee of Appeal.

It is the aim of the Student Government Association to guide and conduct affairs of the students in their residence life, and to encourage and promote the basic principles of good community living.

Advantages: We have already found since this Association came into

effect that there is better understanding and closer fellowship between our Superintendent of Nurses and the student body. We have better discipline and more home privileges: development of initiative, development of self-confidence and the discovery of heretofore unnoticed or neglected talents.

Then, too, we have proven that the bringing of organized recreation into the home life brings nurses into better relationship with one another. We find that the nurses enjoy entertaining their friends occasionally in preference to always being entertained.

Recreation: Pleasant exercise is good for all ills. This summer we had a new clay tennis court and hope to arrange for swimming and physical culture during the winter months. We have had picnics and corn roasts in season, and can highly recommend them for chasing away "that tired feeling". Dances at special holiday seasons, are always much enjoyed.

Education: Since Student Government has been introduced in our school, we have had addresses on current topics and events, outside the hospital field. These help to broaden our knowledge and keep us out of that dreaded groove. Our mass meetings and council meetings have given us the study of parliamentary procedure. We are editing a monthly paper known as "The Tatler".

Philanthropy: We believe that to get the most out of life, we must think of and do for others, instead of always seeking things for our own edification and enjoyment. There is a tendency for nurses to feel sorry for themselves. The remedy for this—get busy and do something for

others. We plan this year to give a Christmas dinner and party to our employees and their families.

Religion: Last, but by no means least, we hope to develop The Student Christian Movement. We find that morning hymn and prayer give each day the right start. Sunday evening service brings us into very close fellowship.

Our hopes for the future are to attempt to establish a lasting spirit of good will, to be handed down from year to year, and to develop our activities to the utmost, keeping the

interests and ideals of our school in the foreground.

To schools for Nurses contemplating the organizing of Student Government, we wish to say that in spite of many of the nurses being much against Student Government at the time of its adoption it has proven a great success, and shows signs of being even more successful this year, than during the first year of its life.

EDNA G. CLARKE,

Secretary-Treasurer,
Student Government Association,
Brantford General Hospital School
for Nurses, Brantford, Ont.

Information re Transportation to Helsingfors

The Canadian Pacific maintains several services to Europe by the St. Lawrence route. The Empress express service from Quebec to Cherbourg, Southampton and Hamburg; the Monoclass Cabin service from Montreal and Quebec to Liverpool, Glasgow, Belfast, Southampton, Cherbourg and Antwerp.

Frequent sailings are provided by the Canadian Pacific, as one will perceive by the sailing dates given below.

June 27th—"Marburn," Belfast and Glasgow.

June 30th—"Empress of France," Cherbourg and Southampton.

July 1st—"Minnedosa," Cherbourg, Southampton, Antwerp.

July 2nd—"Montlaurier," Belfast and Glasgow.

July 2nd—"Marloch," Glasgow.

July 3rd—"Montclare," Liverpool.

July 8th—"Empress of Scotland," Cherbourg, Southampton, Antwerp.

July 9th—"Montreal," Belfast, Glasgow.

July 10th—"Montrose," Liverpool.

These steamers are due to arrive in the Old Country in time to connect with steamer across the North Sea. The steamer fares to Helsingfors will be in the neighborhood of \$165.00, while the Company will in all probability have on sale low summer fares to the Atlantic seaboard to take care of the rail portion.

The S.S. "Montclare," sailing July 3rd, is due Liverpool, July 10th. The minimum rate by one-class cabin steamships, such as the "Montclare" and "Montrose," from Montreal through to Helsingfors, is \$175.00, plus \$5.00 war tax. This rate covers third class rail in England and cabin on North Sea steamers, *also board and lodging in England while awaiting connection*. This includes the increased rate of \$15, which went into effect on December 15th, 1924, in Canada.

The S.S. "Empress of Scotland," 25,000 tons, the largest steamship sailing from Canada, leaves Quebec, July 8th, for Hamburg. This sailing would permit passengers to enjoy the comfort and convenience of a large ocean liner, except for the comparatively short journey from Hamburg to Helsingfors. The "Empress of Scotland" carries three classes of passengers and the minimum second class rate from Montreal or Quebec to Hamburg is \$145.00, plus \$5.00 war tax.

Bennett's Travel Bureau could make arrangements for any party from Hamburg to Helsingfors. Bennett's Travel Bureau is the representative of the C.P.R. at Copenhagen and is expert in handling Scandinavian business.



Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

Who Should Pay?

By NURSING SISTER A. B. BAIRD

With the ever recurrent question in medical circles of abuse of free medical service, came the desire for accurate information concerning those who are applying in hospital dispensaries and other community health organizations for that service, and to which medical men give their time without remuneration.

In September, 1924, a survey of the situation in Winnipeg, under a committee of the Winnipeg Medical Society, was commenced.

The starting point was the hospital dispensary, or out-patient department, treating only ambulatory patients. The question immediately arose as to who should be entitled to free medical care and what standard of wages or salary should be the maximum above which a family should be considered able to pay at private rates for treatment required.

The modern dispensary offers a wide range of medical services: from care for minor general diseases to highly specialized work in ophthalmology, orthopedics, X-ray, etc. This very fact of varying length and cost of treatment showed the impossibility of adhering strictly to a wage limit. A large proportion of patients come for special treatment which is particularly expensive at private rates. The cost of the equivalent medical service, received privately, cannot therefore be estimated merely on the basis of the cost per visit to a general practitioner. It is the

general opinion among students of wage earner's budgets that even small families in urban centres living on \$1,000 a year should not be expected to pay for more medical service than that necessary to childbirth and acute illness in the home. For the unmarried wage earner, living in the same community, the reason for accepting should be carefully considered when the income exceeds \$600 per annum. An income above these limits merely raises a question of eligibility and does not necessarily exclude, as each case must be finally decided on its own merits. Evidence of the social groups from which dispensary patients are drawn is furnished under the Social Insurance Commissions of California in 1916 and Massachusetts in 1917, for those two states.

Incomes under \$14 a week—San Francisco, 42.5%; Boston, 37.1%.

Incomes \$14-\$20 a week—San Francisco, 22.5%; Boston, 45.7%.

Incomes over \$20 a week—San Francisco, 14.5%; Boston, 14.2%.

Unspecified—San Francisco, 20.5%; Boston, 3%.

Dependent on charity—San Francisco, 7%; Boston, 3%.

It may be seen that the great bulk of dispensary patients in those states are wage-earning families of incomes sufficient to meet ordinary expenses, but not to provide for adequate medical service.

General wage statistics show that not more than one wage earner in ten has an annual income of over

\$1,000, so it is obvious that a large proportion of families cannot afford to pay for complete medical care.

The policy governing the acceptance of patients must vary also with the type of dispensary.

(1) Those whose purpose is to help the sick poor by medicine and medical advice.

(2) Those whose purpose is for clinical teaching, developed as part

of a medical school or under its control.

(3) Those established through the progress of the public health movement for treatment and prevention of special diseases, such as tuberculosis, venereal diseases, etc.

(4) Those organized for co-operative practice of medicine on a scientific but business basis, such as the Mayo clinic.

News Notes

Harriet T. Meiklejohn, R.R.C., who has been Director of Public Health Nurses in New Brunswick for the past three years, has resigned, as she finds it necessary to be near her family. Miss Meiklejohn has been a pioneer in Public Health work in New Brunswick and has accomplished splendid things in such a short time. She has inaugurated a new branch of Public Health work with wonderful success, leaving five nurses in the field and four permanent nurses in rural centres, as well as establishing the Health Centre in St. John, which speaks for itself. It is with the deepest regret that the Department of Health and the Red Cross Society of New Brunswick part with such an efficient worker.

In January she will take up her new duties as Superintendent of the Hospital and Nurses at the General and Marine Hospital, St. Catharines, Ontario.

Annie Bailey, R.R.C., who has been engaged in institutional work in New York City since leaving the army, has been appointed Superintendent of Nurses at the Kingston General Hospital.

Nursing Sister Mabel Bonter and Nursing Sister (Billie) Wilson are assisting Miss Bailey at the Kingston General Hospital.

Brandon

At the recent unveiling of the "Cross of Sacrifice," erected by the G.W.V.A. in the soldiers' plot of the cemetery here, Mrs. Pierce placed a wreath on behalf of the Brandon Association of Graduate Nurses.

The Returned Sisters' Club attended in full service uniform and on their behalf

Mrs. Darrach had the honor of placing the first floral tribute after the unveiling. Mrs. Darrach was formerly Nursing Sister S. Persis Johnson.

Winnipeg

Mrs. A. D. McLeod, President of the Nursing Sisters' Club, and a member of the staff at Deer Lodge Convalescent Hospital, recently returned from a vacation spent at Kamloops.

The Nursing Sisters' Club wishes to extend sympathy to Mrs. Walter Smith (Katharine Kirk), whose husband was drowned in Clandeboy Bay while out shooting on November 4th. Both Mr. and Mrs. Smith served overseas, the former joining Queen Mary's Nursing Service and later transferring to the C.A.M.C.

Several delightful showers were given in honor of Miss K. Montgomery previous to her marriage in Winnipeg. These included one given at the home of Miss M. Jephson, a nursing sister, by the Child Welfare Staff, with whom Miss Montgomery worked for the past two years. Miss Montgomery was at Tuxedo Military Hospital for one year prior to the Armistice.

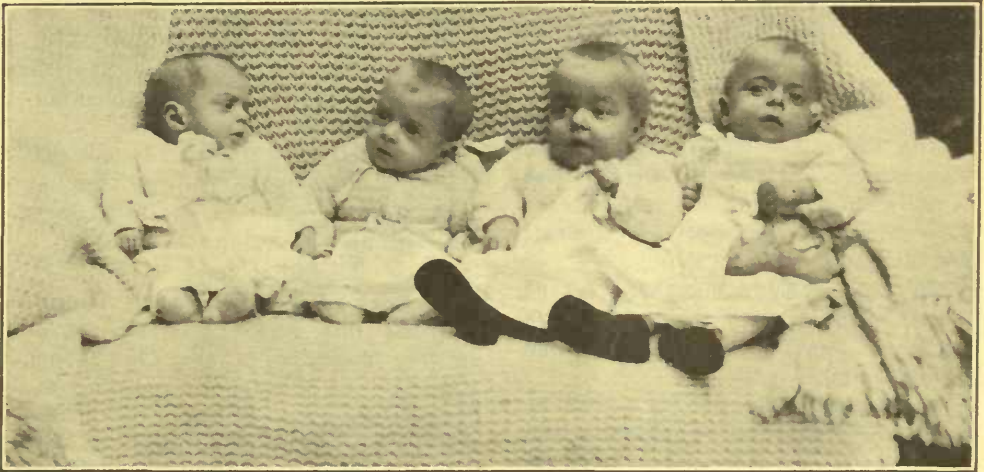
Miss Mary Jamieson (W.G.H., 1914), of the nursing staff, Qu'Appelle Sanitarium, was the guest of honor at a miscellaneous shower given by her friends on October 29th, 1924. The gifts were brought in and presented to the bride-elect by little Rhonda Boughton and Robert Ferguson. Miss Jamieson was married to Mr. Thomas W. Pepper, of the Sanitarium clerical staff, on December 11th, at Swift Current. Mr. and Mrs. Pepper have taken up residence in the McCulloch cottage, near the Clyst. ("Valley Echo," November, 1924.)

An Interesting Photograph

Following several articles on the care of infants and the one on "Health Centres" which have appeared in recent issues of *The Canadian Nurse*, we are pleased to be able to publish this photograph of quadruplets, for which picture we are indebted to Miss Harriet Meiklejohn,

months they weighed 17 lbs., 18 lbs., 12 lbs. and 10 lbs.

The diet has consisted of pasteurized milk, water, sugar, orange juice, and cod liver oil. There has been a continuous gain in weight until the tenth month, when teething slightly retarded their progress and gain.



Director of Public Health Nursing Service, New Brunswick.

These babies were born on Christmas Day, 1923. Their respective weights at birth were 5 lbs., 5 lbs., 3½ lbs., and 3 lbs. At the end of ten

The babies have been financed by the efforts of the Health Centre, and the above reproduction is from a postcard, copies of which have been sold for ten cents each at all fairs, exhibitions, etc., in the Province of New Brunswick.

The Practice of Midwifery in Canada

(Continued from page 14.)

tion given a spirit of co-operation and mutual understanding.

The purpose of this article is simply to state the problem and to stimulate discussion, not to presume to suggest remedies. In closing, may I point out the wisdom of keeping close contact with the women's organizations? If ever a satisfactory programme of maternal care is to be brought into operation it must of necessity be the result of co-operative effort. No programme, no matter how good, can be imposed by any professional group upon the peo-

ple at large. To quote from an address recently given by Ella Phillips Crandall, "Humanity wants every good thing it can get, collectively as well as individually, when it really knows what is good. Having faced the facts that the community itself has found, self-interest leads to search for cure; therefore, out of the people's survey comes the people's cure. It is they who counsel together and call in experts. It is they who plan with our help, the proposed structure of community health protection."

News Notes

BRITISH COLUMBIA

New Westminster

The regular monthly meeting of the New Westminster Association of Graduate Nurses was held at Hollywood Sanitarium on December 12th. Miss Best, R.N., gave a very enjoyable and instructive lecture on Mental Hygiene.

Miss Kennedy, R.N. (R.C.H., 1923), has resigned her position at Hollywood Sanitarium and will spend the winter in California.

Miss White, R.N. (R.C.H., 1922), has resigned her position at the General Hospital, Ocean Falls, and will spend a vacation visiting friends in New Westminster and district.

Miss Rich, R.N. (St.J.H., Victoria), has been appointed Night Supervisor of the Maternity Department at Royal Columbian Hospital.

Miss Holmes, R.N. (R.C.H., 1924), has accepted a position at the hospital in Peniticon, B.C.

Miss Van Wick, R.N., a graduate of the Royal Columbian Hospital, and post-graduate of the Boston Psychopathic Hospital, has been appointed Superintendent of Nurses at the Provincial Mental Hospital, Essondale, B.C. Miss Van Wick is also in charge of the admitting wards.

SASKATCHEWAN

The Saskatoon Graduate Nurses' Association reports a most interesting meeting held on Monday evening, November 3rd, at the home of Mrs. N. K. Thompson. Mr. D. G. M. McGeery gave an illustrated address on the Canadian Rockies.

Saskatoon

At the December meeting of the Graduate Nurses' Association, Dr. S. W. Walker gave a most interesting address on "Tuberculosis," stressing especially the part to be played by the graduate nurse in the campaign against this disease. Mrs. George Donald and Mrs. George Calder were the hostesses for the social hour following the business meeting.

A dance was held in the Art Academy,

Saskatoon, on the evening of October 20th, Mrs. N. K. Thompson and Mrs. G. B. Hill being the patronesses. The Nurses' Association realized \$97.00 from the evening.

Miss Marguerite Urton, Miss Armstrong and Miss St. Leaux, graduates from St. Paul's Hospital, Saskatoon, left recently for California, where they will engage in private nursing.

Mrs. W. O. Chown (St. Bon. Hosp., 1906), of Saskatoon, and Miss Lepky (St. Paul's Hospital), are both in hospital suffering from typhoid fever.

Miss P. Dolan and Miss L. Turnbull, 1923 graduates of the Saskatoon City Hospital, have accepted positions on the staff of the Edmonton University Hospital.

Regina

The Regina Registered Nurses' Association has this season held its regular monthly meetings in the Club Room, Y.W.C.A. At the October meeting the Rev. Father Fere, of Campion College, gave an address on "Prehistoric Saskatchewan." Dr. F. A. Corbett was the speaker at the November meeting, giving a most graphic description of the Empire Exhibition at Wembley; and at the December meeting Dr. Urban Gareau gave a most interesting address on Heliotherapy. For the New Year a series of talks on the History of Nursing have been planned.

The Regina Registered Nurses' Association held a most successful bazaar on Saturday afternoon, November 8th, the receipts being over \$550.00. The special purpose to which the funds are to be devoted is the "Sick Nurses' Benefit Fund." A dance is being held early in December, the proceeds being in aid of the general funds of the Association.

Miss Agnes E. Rohrke, of Regina, has recently gone to Woodlands, California.

Miss C. Isabel Stewart, Supervisor of Red Cross Nursing Service, is at present holidaying in Toronto. During Miss Stewart's absence Miss L. E. Denton is relieving at Red Cross Headquarters.

Miss M. A. Lauder (R.G.H., 1919) recently accepted a position on the staff of the Victoria Hospital, Prince Albert.

Miss Phyllis V. Wilbee, of the Victoria Hospital, Prince Albert, has resigned to accept a position on the staff of the Ker-robert Union Hospital.

Miss Lucy Ardra Taylor (St. Paul's Hosp., Saskatoon, 1924), and Miss McLaughlin (Wpg. G.H., 1923) recently accepted positions on the staff of the Anna Turnbull Hospital, Wakaw.

Miss Kinder, late of the Sick Children's Hospital, Winnipeg, recently accepted the position as Superintendent of the Moose Jaw General Hospital.

At the reorganization meeting of the Graduate Nurses of Prince Albert, Sask., held in the Council Chambers on November 13th, at 8 p.m., the following officers were elected:

President: Miss M. I. Hall; first vice-president, Mrs. L. K. Bradbury; second vice-president, Miss E. Hosier; secretary-treasurer, Miss E. Willecraft. Executive Committee: Mrs. W. Cooper, Mrs. A. Hutcheon and Miss Luck.

Representatives to the Sask. Reg. Nurses' Association:—Education Committee—Miss M. I. Hall; Press Committee—Miss A. Delbridge; Private Nursing Committee—Miss Bird; Public Health Nursing Committee—Miss M. Bradshaw.

Arrangements were made for the meetings to be held the fourth Monday evening of each alternate month.

Miss E. E. Wiles, Reg.N., of the City Hospital, Saskatoon, has accepted the position as operating room supervisor at the Victoria Hospital.

Graduate Nurses' Association, Moose Jaw

Miss Morrison, graduate of Toronto General Hospital, recently accepted a position on the staff of the local General Hospital.

Miss Campbell, Assistant Superintendent of Nurses, General Hospital, owing to an eye condition, has been compelled to withdraw, at least temporarily, from the nursing staff. Miss Campbell is at present at Regina for treatment.

Miss Elsie Wallace, who has been convalescing at her home here, has returned to her position at the Mayo Brothers' Hospital.

MANITOBA

St. Boniface Hospital Alumnae Association

The October meeting of the St. Boniface Hospital A.A. took the form of a shower for Miss Blanche Foster. Refreshments were served and completed an enjoyable evening.

ONTARIO

Hospital for Sick Children A.A., Toronto

Miss Greta Symington (H.S.C., 1920) has accepted a position in the Henry Ford Hospital, Detroit.

Miss Dorothy Hollday has returned to Toronto after having had charge of the Red Cross Outpost Hospital at Englehart, Ont., for the last year and a half.

Miss H. McKim (H.S.C., 1919) is travelling abroad.

Miss Flora Jackson (H.S.C., 1919), who has been in charge of the Out Patient Dept., H.S.C., has resigned her position and is taking the Public Health course at the University of Toronto.

Miss Audrey Bachus (H.S.C., 1910) is Supervisor of the Surgical Dept., Harbour Beach Hospital, Harbour Beach, Michigan.

Miss B. Evans (H.S.C., 1919) is at St. Luke's Hospital, Manila, P.I., in charge of the student nurses.

Miss Watt (H.S.C., 1923) has been appointed assistant supervisor of the O.R. at the Hospital for Sick Children, Toronto.

Miss Needler (H.S.C., 1922) has gone to Englehart Red Cross Outpost Hospital as assistant to Miss Pratt (H.S.C., 1923).

Miss Griffiths (H.S.C., 1915) has gone to New York where she is in charge of a floor in a private hospital. Miss Piggott, also of class 1915, is joining her this month.

Miss Bullock (H.S.C., 1922) is taking Miss Piggott's place in the Infant Ward of the Hospital for Sick Children.

Miss Annie Ingham (H.S.C., 1921) has a position in the Bridgeport Hospital, Bridgeport, N.Y.

Toronto Western Hospital A.A.

The Toronto Western Hospital Alumnae Association held their regular monthly meeting in the Assembly Hall at the hospital on Friday, November 7th, at 8 p.m.

Following the usual routine of business and the election of officers for the coming year, delightful talks were given by Miss Ellis, Supt. of Nurses, and by Miss McPhedran, of the Neighbourhood Workers' Association. Refreshments were served, and a social evening enjoyed by all.

The regular monthly meeting of the Toronto Western Hospital A.A. has been changed from the first Monday of the month to the second Tuesday.

Miss Lynn and Miss Summer have left for Miami, Florida, where they intend to spend the winter, nursing.

Miss Darling (T.W.H., 1924) has resigned her position as Supervisor of the private wards at T.W.H. and has gone to New York, where she expects to do private duty nursing.

Miss Lloyd (T.W.H., 1924) has taken Miss Darling's place as Supervisor of private wards, T.W.H.

Miss Cunningham has returned to California where she expects to resume her duties in hospital after a six month's leave of absence, which she spent in various parts of Ontario.

Toronto General Hospital A.A.

An interesting reunion of graduates of the Toronto General Hospital was held in the last week of November in New York City. About sixteen met for high tea, followed by a trip to the theatre. Among those present were: Miss Bertha Bryson (1920), Assistant Superintendent of the Fifth Avenue Hospital; Miss Dorothy Rogers (1923) and Miss Kate Miller (1923), of Bellevue Hospital; Miss Marion McCallum (1920), of the Roosevelt Hospital; Miss Muriel Berry (1922), of Port Chester; Miss Beatrice Snider (1922), of Ninetieth St. Sanitarium, and Miss Evelyn Lewis (1923), from the New York Hospital. Also, Miss Marion Ferguson (1922), Miss Charlotte Gardner (1922), Miss Velma Hayes (1922), and Miss Madeline Small (1920), who are engaged in research work with the Rockefeller Foundation.

On Wednesday, November 26th, a dinner was given at the Nurses' Club, Toronto, by Miss Jean Gunn, in honor of Miss Monk, Superintendent of the Lon-

don Hospital, London (Eng.). Miss Monk, who has been Superintendent of this Hospital for ten years or more, came to Canada at the instigation of the Rockefeller Committee, to study nursing education in the hospitals here. Miss Monk spent the few days of her visit with Miss Dyke, of the Public Health Department, and the Superintendents of the various hospitals of the city. The graduates of the T.G.H. who were present at the dinner were Miss Jean Browne, Miss Flaws, Miss K. Russell, and Miss A. Wright.

It is with great pride and pleasure that we refer to the invitation extended to Miss Gunn by the Rockefeller Foundation to spend three months this coming summer in England and Europe, making a survey of nursing schools and conditions existing in the various countries. As Superintendent of Nurses, Toronto General Hospital, for eleven years, Miss Gunn has done much, not only for her own student nurses, but also for nursing education and the nursing profession throughout Canada, and we feel that she is most worthy of this recognition given her. Miss Gunn intends leaving about April 1st and will attend the Congress of the International Council of Nurses at Helsingfors, Finland, before returning to Toronto.

The regular meeting of the Alumnae Association of the Toronto General Hospital was held in the Nurses' Residence on the night of Wednesday, December 3rd, the President (Miss Clara Brown) in the chair. Important business was discussed and a resolution was passed to the effect that any graduate of the hospital who is in arrears as to her Alumnae fees is to be given one opportunity to rejoin the Association on payment of fees for one year in arrears, plus her fees for the current year (1925). Notices to this effect are to be posted to all graduates and a three months' time limit (from January to April) is to be given for the payment of such arrears. It is to be definitely understood that this opportunity is not to be repeated and that any member wishing to be reinstated in her Alumnae should do so before April 1st.

Another item of business was the appointment of a committee consisting of Miss M. Dulmage and Miss M. Stillwell to inquire into the cost of a yearly pamphlet to be issued by the Alumnae. The report of this committee is to be given at the next regular meeting of the Association.

A resolution was also passed to the effect that a letter be sent to Miss Gunn from the Alumnae expressing their joy and pride in her invitation from the Rockefeller Foundation to make a tour of England and Europe next summer.

Refreshments were served at the close of the meeting.

The regular meetings of the Alumnae Association of the Toronto General Hospital will be held at 8 p.m. in the Nurses' Residence on the first Wednesday of every second month of the year 1925, beginning with Wednesday, February 4th. Members will be notified of any change in the above arrangement.

Miss Edna L. Moore (1913) is leaving her position with the Ontario Department of Health to become a Social Service Nurse with the Social Hygiene Department of the Cattaraugus County Board of Health, Olean, New York. Miss Laura Gamble (1910) and Miss Margaret McCort (1911) are already engaged in work in this same Department.

Miss Helen Melville (1892), who has been a missionary in Africa, is at home on furlough.

Miss Florence Patterson (1918) has resigned her position on Ward B. to take charge of the Admitting Department of the Hospital. Miss Kate Elliott (1924) has been appointed to Ward B.

Miss Lucy Peters (1924) has gone to Chicago, Ill., where she intends to do private duty nursing.

Miss Leila Ham (1921) has resigned her position at the Toronto General Hospital and leaves early in 1925 for a holiday in California. Miss Helen Hugill (1921) is accompanying Miss Ham on her trip.

St. Michael's Hospital A.A.

The regular monthly meeting of the Alumnae Association was held at the Nurses' Residence. The Toronto Chapter

G.N.A.O. also held a meeting there and following the meeting were entertained by the Alumnae.

On Monday, December 8th, Prof. Greaves gave an interesting lecture to the Alumnae on "Public Speaking."

The Rev. Sister Hieronyma has been appointed Superintendent of Nurses at St. Michael's Hospital.

WINDSOR

Essex County Graduate Nurses' Association, Windsor

The members of the Essex County Graduate Nurses' Association recently donated the sum of five hundred dollars to the building fund of the new General Hospital, Windsor. This Association consists of eighty-five members.

Some time ago, in memory of the nurses who gave their lives in the Great War, they furnished a room in Grace Hospital, and also one in Hotel Dieu Hospital.

OTTAWA

Ottawa General Hospital A.A.

Miss Ella Rochon and Miss Mabel Gravel, graduates of the Ottawa General Hospital, have been appointed to positions in the Ottawa Civic Hospital.

Misses Winifred Cox and Helen Burke have been appointed to the staff of the Philadelphia Isolation Hospital.

Misses Helena Costella, Theresa Clapin, and Mary Galvin are taking a course in public health nursing at McGill University, Montreal.

Misses Clara Treau and Edna Ryan have left for New York to take hospital positions.

LONDON

Victoria Hospital A.A.

The annual meeting of Victoria Hospital Alumnae Association was held in the Institute of Public Health.

Miss Agnes Malloch was re-elected President. Hon. President—Miss Grace Fairley (Superintendent of Nurses, Victoria Hospital); 1st Vice-President—Miss Hilda Stuart; 2nd Vice-President—Mrs. Pearl Allison; Secretary—Miss Della Foster; Treasurer—Mrs. Walter Cummins; "Canadian Nurse" Representative—Mrs. A. C. Joseph; Board of Directors—Miss A. McKenzle, Miss J. E. McPherson, Miss

Beatrice Smith, Mrs. A. Stapleton, Mrs. Len Pritchett, Miss M. Jacobs.

The Alumnae agreed to lend any assistance possible to the Red Cross home-nursing course shortly to be undertaken. The members also united to send congratulations to Miss Jean Gunn, of Toronto, an outstanding Ontario nurse, who has been chosen to attend the world nursing congress overseas next year, and who will be a guest of the Rockefeller Inst.

Under a new order issued by the Hospital Trust, student nurses at Victoria Hospital are to undergo a rigid physical examination before being accepted by its school for nurses. This new order, now in effect, will tend to eliminate from the city's nursing school those students who are physically incapable of carrying on the arduous work of a hospital nurse. The officials of the school advise that this step has been taken with a view to greater economy as well as in the interests of young women who wish to follow in the footsteps of Florence Nightingale.

St. Joseph's Hospital A.A.

Misses R. Rouatt, B. Armishaw and Celia Slattery are spending a delightful vacation in Los Angeles, Cal.

Misses Mary Cuddy and Edna Poste have recently joined the nursing staff of Bellevue Hospital, N.Y.

Miss Ruth Stephenson, until recently in charge of E.E. nose and throat nursing at the Clinic Building, London, Ont., has joined the staff of the Polyclinic Hospital, New York.

A successful handkerchief shower was held recently in aid of the Precious Blood Bazaar. Over five hundred "hankies" were received and this contribution from the nurses was greatly appreciated.

The Edith Cavell Nurses' Association

The Edith Cavell Nurses' Association meeting this week enjoyed a social hour after the regular business session. Miss Bertha Smith was appointed programme convener and Miss Macdonald representative to "The Canadian Nurse." The Association arranged for lectures to be given during the year on the following subjects:—November 24th, 1924—Infantile Paralysis: Dr. George Ramsay. January 26th,

1925—Social Service in Slums of New York: Mrs. Jessell. February 23rd, 1925—The Balanced Menu: Dr. J. W. Crane. March 30th, 1925—The Juvenile Court: Major Bradshaw. April 27th, 1925—Illustrated lecture, "Frances Parkman and the Romance of Canadian History": Mr. Fred. Landon. May 25th, 1925—At Byron Sanatorium. June 29th, 1925—At Westminster Psychiatric Hospital.

HAMILTON

Hamilton General Hospital A.A.

Miss Ayrst has accepted a position as Assistant Superintendent of the Memorial Hospital, South Manchester, Conn.

Miss Hobden has been appointed instructress in Practical Nursing at the H.G.H., and the following nurses have been added to the staff: The Misses Jennings, Hazelwood, Inrig, Teeter, and Jean Souter.

On November 29th last the members of the Hamilton General Hospital Alumnae Association held a rummage sale in East Hamilton, which is populated mostly by the families of working men.

A large store with two show windows and a rear exit was procured. All parcels were called for on the previous day and articles marked the same evening. Two departmental stores donated goods for the sale and the nurses canvassed their friends for second-hand clothing. The student nurses also made splendid contributions. Fourteen nurses acted as saleswomen and this number was none too many as the morning crowd of purchasers were the real old-fashioned type of bargain hunters. A policeman assisted as traffic officer and was a splendid help in maintaining order. All goods were sold at most reasonable prices and the sale must have been of great benefit to many deserving people in poor circumstances, as well as a means of augmenting the funds of the A.A. The demand for men's and children's clothing far exceeded the supply. The net proceeds of the sale totalled \$115.20. This amount will be divided between the Women's Auxiliary of the Hamilton Hospital and the Duffield Flower Mission, to assist them in their splendid work amongst the needy patients of the Hospital.

QUEBEC

MONTREAL

Montreal General Hospital A.A.

Miss Marjorie Bennetts, class '19, is on the staff of Ontario Mothers' Pensions Department, at Ottawa.

Miss Florence Cluff, who has been at her home in Maxville, Ont., since graduation in 1923, has returned to the city to do private nursing.

Miss Ethel Clark has recently come to Montreal to take up her work in the nursing profession, after spending two years at her home in Carleton Place, Ont.

In news items of M.G.H.A.A., of November issue, Miss Vizard, instead of Viggers, has been taken on the staff of Ottawa Civic Hospital as Night Superintendent.

Miss Janet McNabb, class '20, missionary in North Nigeria, West Africa, is at present on the staff of a mission Hospital there.

Miss Olive MacKay has accepted the position of Superintendent of Winchester Hospital, Winchester, Mass., with Miss L. Urquhart as her assistant.

Miss Bessie Childs, class '13, who has been nursing in New York City for some time, has now opened a tea-room at Burlington, Vt.

Miss Lawrence, class '23, late of the staff of the Montreal Maternity Hospital, resigned, and has taken a position as Assistant Superintendent of the Montreal Baby and Foundling Hospital.

Miss Annie Barclay, class '20, who has been engaged in V.O.N. work in Whitby, Ont., came to M.G.H. on leave of absence to nurse her sister, who underwent an operation.

Miss Violet Socier, class '23, who is engaged in private duty nursing in Montreal, has gone to her home in Chesterville, Ont., owing to ill-health.

Mrs. Donald A. White, formerly Miss Adelaide MacTier, class '23, received recently for the first time since her marriage, at her residence 10 Seaforth Ave. She was assisted by her mother, Mrs. A. D. MacTier, of Montreal, and by her sister-in-law, Mrs. E. F. Fanguir, of Ottawa.

At the November meeting of M.G.H.A.A., Dr. C. R. Bourne gave a very interesting lecture on Skin Diseases, with lantern slides. At the December meeting, Dr. H. Grant Fleming, of Montreal Anti-Tuberculosis and General Health League, gave a lecture on his work.

Miss Irene Markham, class '22, has charge of the Babies' Ward in Stanford University Hospital, San Francisco, Cal.

Misses Violet Larter, Mabel Young and Bernice Outterson are all engaged in the nursing profession in San Francisco, Cal.

Miss Elsa Seveigney, class '19, has returned to Mexico, in the interests of her profession.

Miss M. Pharaoh, class '17, who has spent the past year on the staff of the Lockport Hospital, Lockport, N.Y., has resigned and has returned to Montreal.

Royal Victoria Hospital A.A.

R.V.H. graduates will be interested in the new Montreal Maternity Hospital which is being erected on the upper level of the Hospital property, east of the Ross Pavilion. It is hoped that the building will be opened in two years.

Miss Lillian Pidgeon (R.V.H., 1913) has been appointed Assistant Superintendent at Nassau Hospital, Mineola, Long Island.

Miss Mabel Patterson (R.V.H., 1913), who has been in Vancouver for some years, is returning to the R.V.H. in January.

Miss Rena McGregor (R.V.H., 1924) has been appointed Night Superintendent in the General Hospital, South Bend, Ind. Miss Calvert (R.V.H., 1924) is in charge of the new wing of the same hospital.

Very welcome visitors at R.V.H. recently were Mrs. Peter Duff (Violet Dickinson, R.V.H., 1915) and Miss Kathleen Bliss (R.V.H., 1915).

Children's Memorial Hospital

Miss Dorothy Osmond (1922) has been appointed charge nurse in the operating room, the Shriners' Hospital, Montreal.

Miss May Grimes (1923) has joined the Victorian Order of Nurses, Montreal.

Miss Marion Magee (1923) has accepted a position on the staff of the Methodist General Hospital, Indianapolis, Ind.

We are very pleased to welcome Miss Katherine Scott (T.G.H.) as Instructor of Nurses. The following changes have also been made on the staff this fall: Miss D. Parry (1923), charge of the operating room; Miss F. Laite (1923), charge of outdoor department; Miss E. Hylliard (1924), Night Supervisor.

The Western Hospital, Montreal

Miss Ethel Bradley (1914) and Miss Hazel Kerr (1920) sailed on November 27th for France.

Miss Lillian Brand (1917) has taken charge of the Outdoor Department of the Western Hospital.

Mrs. Pollack (nee Evelyn Dorison), President of the Alumnae Association of the Western Hospital, left Montreal in September to reside at Toronto.

The Montreal Graduate Nurses' Association

The Canadian Nurses' Association, realizing that their name was more or less a misnomer, applied to the Legislative Assembly of Quebec and have had their name changed to "The Montreal Graduate Nurses' Association."

The annual meeting (January 6th, 1925) will be the first meeting to be held under the new name.

QUEBEC

Jeffrey Hale's Hospital A.A.

At the meeting of the Association on December 2nd, 1924, a lecture was given on Cystoscopy by Dr. R. C. Hastings to the Alumnae Association and students in training.

Miss Edna May (1912) has accepted a position on the staff of the Rockefeller Institute Hospital, New York.

Miss D. M. Binning (1911), Immigration Department, Ottawa, has been transferred to Winter Quarters, Halifax, N.S.

Miss Rhoda Perry (1917) has accepted the position as Night Supervisor at the North Hudson Hospital, Weehawken, N.J.

Miss Daisy Jackson (1919), a member of the staff, Jeffrey Hale's Hospital, resigned her position for December 31st, 1924, and will be succeeded by Miss Bessie Adams (1924).

The Misses Riddell and MacKenzie (1922) have resigned their positions at the Ingall Memorial Hospital, Horvely, Ill., and are doing private duty in Chicago.

Sherbrooke General Hospital A.A.

A very enjoyable benefit bridge was given on the 27th of October last by Mrs. C. K. Bartlett (H. Jowett, class 1912) and Mrs. Roy Wiggett (B. Ramier, class 1916) in aid of the Sherbrooke V.O.N. Members of the Alumnae assisted, and the affair was most successful.

Mrs. Agnes Joyal (A. Patrick, class 1902) has opened a sanitarium in the White Mountains, at Telton, N.H., called the "Rosehaven Rest Home."

We extend our sympathy to Mrs. (Dr.) Gillen (K. Beard, class 1902) in the death of her father, and to Mrs. (Dr.) Suitor (class 1903) in the death of her husband.

Miss Phoebe Blake (class 1920) and Miss Dora Bell (class 1918) are head nurses at the Buffalo General Hospital, N.Y.

Miss Gladys White (class 1924) has resigned the position of Assistant Superintendent at the Sweetsburg Hospital.

Miss Bessie Banfield (class 1924) is filling the position of Night Supervisor at the Sherbrooke Hospital.

Miss Mary White (Montreal Western Hospital) has been appointed Instructress to the Sherbrooke Hospital.

At the September meeting of the Alumnae, Miss Parsons (class 1918), who went as a delegate from the Alumnae to the C.N.A. biennial meeting, held at Hamilton in June, read a most interesting report of the Convention, which was much appreciated by those present.

VICTORIAN ORDER OF NURSES

Miss Janet McEachran has returned to the staff after a year's leave of absence on account of her health. Miss McEachran and Miss Cameron have joined the Montreal staff as relief nurses. They come to us from the Henry Street Settlement and are proving themselves very enthusiastic and interested in the work.

Other additions to the relief staff are Miss Grey and Miss Elfred, from the Royal Victoria Hospital, and Miss Buzzell from the Montreal General Hospital.

Miss Mabel MacTaggart, for several years a member of the staff, left recently to be married. She was one of our most interested and conscientious workers and is greatly missed.

Miss Chagnon has recently resigned from the staff of the Child Welfare Association of Montreal to accept a position with the Provincial Government.

Miss Cora Kilburn and Miss Chambers, of Toronto, recently joined the staff of the Child Welfare Association of Montreal and are proving themselves very enthusiastic and interested in the work.

Miss Kate Cowan, graduate of Johns Hopkins Hospital, Baltimore, and of Simmons College, Boston, recently attached to the Department of Public Health Nursing, Toronto University, and who has had considerable experience in field work supervision, has been appointed by the Central Board of the Victorian Order of Nurses for Canada as Supervisor of students for the coming year. This group includes students having their field work with the Victorian Order while taking post-graduate work with the Canadian Universities—Toronto, Western and McGill.

The Victorian Order of Nurses for Canada will be represented at the annual meeting of the Social Service Council for Canada, meeting in Hamilton January 25th-29th, 1925, by Miss M. E. Hanna, District Superintendent, Hamilton, and Miss Mary Stevenson, Central Supervisor for the Victorian Order of Nurses for Canada, and Mrs. W. E. Phin, Mrs. J. Counsell, and Mrs. A. F. Dowie of the Hamilton Branch.

Mrs. Aubrey Brown and Mrs. J. S. Turnbull, of the Digby Branch, Victorian Order of Nurses, were in Ottawa on October 16th and attended the meeting of the Executive Council in the offices of the International Joint Commission. Later these ladies inspected the Central Offices in the Jackson Building, where methods of the National administration were observed.

Mrs. William Dennis, Coburg Road, Halifax, N.S., attended the meeting of the Executive Council on the 16th October, in Ottawa, and was nominated and enthusiastically appointed a member of the Council. Mrs. Dennis was one of the founders of the Victorian Order, in conjunction with the Countess of Aberdeen, and Mrs. Gavin and Mrs. James, of Vancouver.

Miss Beatrice A. Pearce, who has graduated from the University of British Columbia with the degree B.Sc., is on the staff of the Victorian Order of Nurses in Victoria, B.C.

Miss Annie McLeod and Miss J. M. Wade, of Montreal V.O.N., took the Summer Course in Public Health Nursing, Teacher's College, Columbia University, New York, and have returned to the Montreal staff.

Miss Margaret Duffield, graduate of Toronto University 1922-23 course in Public Health Nursing, having been awarded a V.O.N. scholarship, and for the past year in charge of the Brockville district, has been appointed Supervising Nurse of the London district. This is an important district as the V.O.N. staff provides the field work for the Public Health students in connection with the University of Western Ontario.

Miss K. B. Walsh, graduate of the University of British Columbia 1922-23 course in Public Health Nursing, having been awarded a V.O.N. scholarship, has been appointed to take charge of the Edmonton district. Miss Elcoate, formerly in charge of Edmonton, has returned to her home in Australia.

Miss Mabel Hardie, who graduated in public health nursing at Western University, 1921-22, being awarded a V.O.N. scholarship, and recently in charge of the district of Lachine, P.Q., has been transferred to the staff of the London district, at her own request.

Miss Ethel Graham, graduate of the McGill course in Public Health Nursing, 1923, having been awarded a V.O.N. scholarship, and for the past year on the St. Catharines district, has been appointed supervisor on the staff of Greater Montreal.

Miss Leila Wilson, formerly on the staff of the London district, has been appointed in charge of the district of Arnprior, Ontario.

A branch of the V.O.N. has been organized at Mimico, Ont., and on August 1st Miss Ruth Sanders, graduate of the Public Health Nursing course, Toronto University, 1922-23, and later of the Montreal staff, was appointed to open up the district.

Miss Lillian S. M. Shand, graduate of the Toronto University course in Public Health Nursing, 1922-23, having obtained a V.O.N. scholarship, recently on the London staff, has been appointed to open up a new district for the Victorian Order in Belleville, Ont.

A new district has been opened up by the Victorian Order in Chatham, N.B., in charge of Miss Blanche Martell, a graduate of the Public Health Nursing course, Dalhousie University, 1921-22, and recently on the Halifax staff V.O.N.

Nurses who were awarded V.O.N. scholarships for the 1923-24 course in Public Health Nursing at Canadian Universities have received appointments as follows:—

Miss Laura H. Campbell, Western University, London, in charge of the Picton, N.S., district.

Miss Maude Hulburt, University of British Columbia, in charge of the Brockville district.

Miss E. Duncan, University of British Columbia, to the Edmonton staff.

Miss F. Fullerton, University of British Columbia, to Saanich Health Centre, B.C.

Miss Grace Hill, University of British Columbia, to Saanich Health Centre, B.C.

Miss L. Moffat, University of British Columbia, to the Greater Vancouver staff.

Miss B. Thornsteinson, University of British Columbia, in charge of the Cobalt, Ont., district.

Mrs. A. Grindon, University of Toronto, to the Burnaby district, B.C.

Miss Lawder, University of Toronto, to the Hamilton staff.

Miss E. M. Ratz, University of Toronto, in charge of Sherbrooke, Que.

Miss E. Seeley, University of Toronto, in charge of Burlington, Ont.

Miss Margaret Willis, University of Toronto, in charge of Dartmouth, N.S.

Miss Dorothy James, University of Toronto, to the staff in Cornwall, Ont.

BIRTHS

BROWN—To Dr. and Mrs. M. J. Brown (nee Venite O'Connor, St.M.H., 1921), a son.

JOHNS—On November 14th, in Saskatoon, to Mr. and Mrs. Alden Johns (nee Margaret Frizzell, Guelph General Hospital), a son.

O'KEEFE—At St. Mary's Hospital, Ottawa, to Mr. and Mrs. J. O'Keefe (Mollie Desjardine, O.G.H., 1919), a daughter.

HUNT—At Dixon, Ill., to Mr. and Mrs. Harold V. Hunt (Gertrude Kilburn, T.G.H., 1919), a son (John Kilburn).

MOOREHEAD—On November 20th, at the Wellesley Hospital, Toronto, to Dr. and Mrs. A. S. Moorehead (Olive Umphrey, T.G.H., 1916), a daughter.

BEST—On November 4th, at Winnipeg, Man., to Mr. and Mrs. H. Best (nee Florence Pickles, T.G.H., 1921), a daughter.

ROLAND—On November 30th, at Montreal, to Mr. and Mrs. James Roland (Mabel Clarke, R.V.H., 1915), a daughter.

HARPER—To Mr. and Mrs. Gordon Harper (nee Miss F. W. Brown, class '09), of M.G.H., of Oak Bay, Bonaventure Co., P.Q., at Montreal Maternity, November 7th, 1924, a daughter.

CLEMENT—On November 8th, at St. Vincent's Hospital, Toledo, O., to Dr. and Mrs. F. W. Clement (nee Marion Locke, Toronto Western Hospital), formerly of 440 Shaw Street, Toronto, a son.

DOYLE—On October 3rd, at Fort Qu'Appelle, to Mr. and Mrs. Doyle (nee Aileen Gonczy, R.G.H., 1920), a son.

COURTNEY—On November 1st, at New Westminster, B.C., to Mr. and Mrs. J. A. Courtney (nee Laura Johnson, Royal Columbian Hospital, 1916), a son.

HENDERSON—On November 10th, at New Westminster, B.C., to Mr. and Mrs. R. Henderson (nee Miss Chadborn, Royal Columbian Hospital staff), a daughter.

BARWICK—On November 9th, at the Medical Arts Hospital, Montreal, to Mr. and Mrs. Angus Barwick (nee Estelle Winnall, Western Hospital, 1921), a son.

GAMMELL—On September 25th, to Mr. and Mrs. Allan Gammell (nee Ethel Charlton, Western Hospital), a son.

ARGUE—On August 30th, at the Medical Arts Hospital, Montreal, to Dr. and Mrs. Allan Argue (nee Julia Moore, Western Hospital, 1917), a son.

TIFFIN—On November 24th, to Dr. and Mrs. M. E. Tiffin (nee Marjorie Forrester, H.S.C., 1920), of Rockyford, Alta., a son (Harold Bruce).

MARRIAGES

ROBINSON—McEWAN — On November 12th, at Winnipeg, Lillabel McEwan (St. Bon. H., 1920) to G. B. Robinson. At home at Elgin, Man.

PEPPER—JAMIESON — On November 11th, at Swift Current, Mary Jamieson (W.G.H., 1913) to Thomas W. Pepper, of Fort Qu'Appelle.

MCLEOD—ROWAND—On October 1st, at Regina, Eva Rowand (Victoria Hospital, London, 1913) to G. A. Norman McLeod, of Winnipeg.

SMALL—DEAN—On July 31st, at the American Presbyterian Church, Montreal, Phyllis Dean (M.W.H., 1917) to Marshall Small.

ROBERTSON—ROWLEY—On September 27th, at Montreal, Christine Rowley (M.W.H., 1917) to Percy Robertson, of Montreal.

STRICKLAND—JACKSON—On September 22nd, at Quebec, Ada Jackson (M.W.H., 1921) to Stanley Strickland, of Montreal.

HUME—BUTLAND—On November 17th, at Calvary Church, Westmount, P.Q., Ellen Butland (M.W.H., 1923) to George Hume, of Montreal.

GERRARD—O'DONNELL—At Brooklyn, N.Y., Kathleen O'Donnell (St.M.H., Toronto, 1920) to Alexander Gerrard.

McDOWELL—GIGNAC—In Toronto, Loretta Gignac (St.M.H., Toronto, 1917) to William McDowell.

STEWART—MORLEY—On Wednesday, November 19th, at the Bloor Street Presbyterian Church, Toronto, Margaret Mary Morley (T.G.H., 1921), to William J. Stewart. Mr. and Mrs. Stewart will live in Toronto.

MACKAY—MONTGOMERY—On November 19th, in Westminster Presbyterian Church, Winnipeg, by the Rev. Dr. D. Christie, Katharine Montgomery (W.G.H. 1917) to Sinclair Mackay.

SAUNDERS—BEAUCHAMP—On November 26th at St. Rose Lima, Ottawa, Lola Beauchamp (O.G.H., 1923) to Dr. Joseph Saunders, Arnprior, Ont.

PEPPER—JAMIESON — On December 11th, at Swift Current, Mary Jamieson (Winnipeg G.H., 1914) to Thomas W. Pepper.

ROSSBOROUGH — MORTON — In St. John's Church, Fort Frances, Ont., on Thursday, October 2nd, 1924, Mary Isabella Morton (R.V.H., 1918) to Frederick Rossborough.

DEATHS

HAHN—On November 18th, at Regina, following a brief illness, Hilda Dorothy Hahn. Miss Hahn was a 1924 graduate of the Regina General Hospital, having completed her training on October 23rd.

MATTHEWS—On September 6th, at Pembroke, Ont., Hazel Matthews (Regina G.H., 1915).

JOHNS—On November 15th, 1924, the infant son of Mr. and Mrs. Alden Johns, of Saskatoon.

CORRECTION

The attention of the members, Canadian Nurses' Association, is drawn to the incorrect wording of an amendment made to Clause 2 of the Resolution re "Maternal Care," as presented at the Biennial Meeting, 1924, and reported on page 461, line 8. August number of *The Canadian Nurse*. The correct wording is: An amendment was moved by Miss Gunn and seconded by Miss Bennett, "*That the Association approves of the plan of establishment of Outposts as a means of meeting nursing needs in outlying districts.*"

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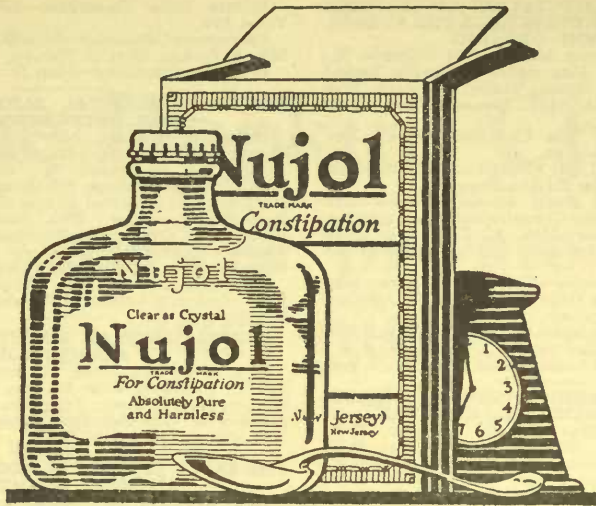
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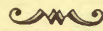
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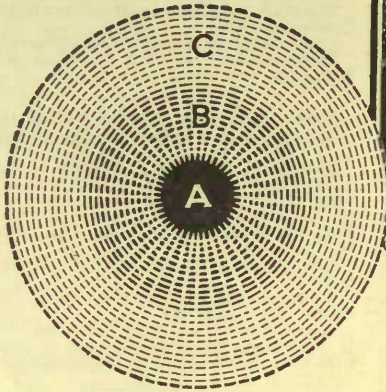
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Early Tuberculosis in Children

By W. J. DOBBIE, M.A., M.D., C.M.

Physician-in-Chief, Toronto Free Hospital, Weston, Ont.

TEN years ago, attention would have been directed to the early diagnosis of tuberculosis in adults, and while there is still much need for further emphasis on this subject, it would seem to be more opportune at the present time to direct attention to the earlier diagnosis of tuberculosis in children, since it is now conceded that the majority of cases of tuberculosis in adults are developments from infection in childhood.

During the first two years of life about 10% of children are infected; at three years about 15 or 20% are infected; at five years about 50% of children are infected; at six years 60%; at 15 years 75% or more. Thus but 25% or less of the young people of the country are left to be subject to the first infection by the tubercle bacillus at any time during adult life.

In tuberculous families further infection takes place as a rule *in the home* before three years of age. In non-tuberculous families infection takes place as a rule *out of the home* after three years of age.

In the case of suspected tuberculosis in an adult, attention is attracted by a persistent cough, a loss of weight, haemoptysis, or an abnormal temperature as the outstanding symptom. Usually, the patient has been ill too long to be suffering from an acute affection such as a common cold, and one immediately thinks of either a pathological condition of the upper respiratory passages or one of the intrathoracic organs of respiration. Both lines of investigation should be followed.

In tuberculosis in children, however, it is well to remember that as a rule there is no such definite lead as in the case of adults. Signs much less apparent should therefore be recognized as reasons for investigation. It is quite true that the adult type of disease is sometimes seen in children; but these are always advanced cases, in which the prognosis is uniformly bad.

As a rule the earliest manifestation of tuberculosis in the child is essentially as a disease of the lymphoid tissue. In the lungs there are two sets of lymphatics—the superficial and the deep. These form a network accompanying the branches of the blood vessels and bronchi throughout the lung tissue. These two systems are connected, and the different trunks thus formed converge in the lymph nodes of the hilum of the lung. These lymph nodes at the hilum are exposed to infection by tubercle bacilli, by whatever route these have gained access to the body. There are, of course, three common methods of infection:—(1) inhalation, (2) ingestion, and (3) inoculation.

(1) Inhalation.—The membrane of the alveoli is in contact with the inspired air. Any bacteria that gain an entrance by this method may be conveyed to the lymph channel and subsequently become arrested in the tracheo-bronchial lymph nodes, as all drainage from the lungs must pass through these filters.

(2) Ingestion.—Bacteria taken in by way of the mouth, through any

part of the intestinal tract, will ultimately find their way to the thoracic duct, which drains not only the lymph areas of the intestinal tract but also those of the cervical areas. The bacilli then travel by way of the sub-clavian vein, through the right side of the heart, and the pulmonary artery to the capillary system of the lungs. While in these capillaries, they have every opportunity to reach the lymph channels, and are then likewise carried to the tracheo-bronchial lymph nodes at the hila. It is always to be remembered that tubercle bacilli, if they are to produce any effect, must penetrate the epithelial coverings and lodge in the tissues of the body. Tubercle bacilli are non-motile—they cannot propel themselves. They are ingested by wandering cells, such as polymorphonuclear leucocytes, and are carried into the lymphatic vessels. In these vessels their course, so long as they are moving, must always be centripetal, because there is not, under normal conditions, a centrifugal lymph circulation. Ultimately, after passage from lymph node to lymph node, they enter the venous system, either by way of the thoracic duct, or by shorter lymphatic trunks directly into the veins.

The first area, therefore, in which evidence of tuberculosis should be sought in the child is in the lymphoid tissue around the trachea and bronchi. The primary tubercle may, of course, and probably is, elsewhere, but such a primary lesion is too small to be demonstrated clinically. Krause has found clumps of bacilli in the tracheo-bronchial lymph nodes of a guinea pig within four hours after an injection of bacilli into a vein. It will be readily appreciated that these lymph nodes are infected for a considerable period of time before there are any clinical manifestations. It is only when the lymph nodes are overwhelmed by the bacilli that symptoms develop and the earliest form of tuber-

culosis in these cases is, in reality, a form of adenitis.

Symptoms. — Definite symptoms such as are seen in adults need not be expected. The earliest and most common symptom is fatigue. The child tires easily, or is disinclined to play, or may even be accused of being dull or lazy. Such a child, chronically tired or listless without apparent reason, should be suspected of having this form of tuberculosis—mediastinal or tracheo-bronchial adenitis. With this fatigue or listlessness there is usually *lack of appetite* and undernourishment, the latter being shown by loss of weight or failure to gain weight. Following these symptoms, nervous irritability and restlessness are frequently observed. Let it be noted that the healthy child is always willing to play, does not tire easily, has a good appetite, gains weight regularly, and is happy and contented. When these are absent the cause should be sought; and while not always due to tuberculosis, this disease should never be forgotten as a possible cause.

Physical Signs.—The physical signs may be vague or absent. Usually, there is some interscapular dullness, some also along the borders of the sternum, and usually some elevation of temperature. The X-ray, however, renders here one of its greatest services, in that it most clearly reveals the presence of enlarged mediastinal or tracheo-bronchial lymph glands. This enlargement is not in itself evidence of tuberculosis, because these glands may be enlarged from other infections—but in cases where there is the group of symptoms previously mentioned, with a background of exposure to infection, it is safe to treat the child at least as a suspect. The tuberculin test, on which so much reliance was formerly placed, cannot be considered as of real value—because it indicates merely infection, and will be positive in a large percentage of children; as infection is, in this coun-

try, almost universal at 15 years of the parenchymatous tissue at any age. In the very young it is of more value, but its value is appreciably less in children more than five or six years of age.

Extension of the Lesion.—As the lesion extends more glands become involved—and as there is a damming back of the lymph flow, glands along the bronchial tree become involved. In these cases there may be periodic cough—thought to be due to repeated colds. The cough is really due to pressure and irritation rather than to a true bronchitis, and is in this stage usually unproductive for this reason. Local sweating may be noted, as well as elevation of temperature after exertion or fatigue. These symptoms are the result of the reaction or sensitization of the tissues of the body to the toxic products of the tubercle bacillus. They usually disappear after a period of rest in bed.

While interscapular dullness may be found in these cases, and at times some dullness to the right of the sternum, there will not be detected dullness at the apices, nor adventitious sounds, because as yet the parenchyma proper is not involved.

The X-ray shadows will be irregular in outline in the areas of the hila, with others, linear in form extending upward and outwards into the lung substance, in the second and third interspaces. These are also, frequently, nodular.

The transition from this tuberculous tracheo-bronchial adenitis takes place in three ways:

(1) Direct extension outward into the pulmonary tissue more commonly in the middle or upper lobes on the right side, or the middle or upper part of the upper lobe on the left side. This is brought about by the lymph channels becoming blocked, producing stasis. Drainage being thus prevented, the bacilli may reach

the parenchymatous tissue at any point from the hilum to the periphery of the lung.

(2) A second method of dissemination may be from a caseous focus in a lymph node. Bacilli being discharged into a vein may be carried to all parts of the lung tissue, giving rise to many scattered areas throughout the lung substance. This form presents the usual appearance of a generalized tuberculosis.

(3) By a third method bacilli may be aspirated from a caseous node into a bronchus. A new area is thus infected, the type being that of a tuberculous pneumonia resulting from a massive infection and involving the whole area tributary to the bronchus.

Prognosis.—The prognosis of tuberculous tracheo-bronchial adenitis or hilum or mediastinal tuberculosis is good, provided suitable treatment is carried out for a sufficient length of time. What is a sufficient length of time is not always easy of determination; but it is safe to say that it has not been reached until the child *has become free from symptoms* and has attained *the normal weight for the height and age*.

In conclusion, let it be emphasized that early tuberculosis in children is not a disease of the parenchyma of the lung. Rales will not be heard. When this type of disease is found the case is already advanced—and the prognosis much more definitely unfavorable. Attention should be directed, not to the parenchyma but to the lymphatic system and, provided that other causes of similar symptoms and signs have been excluded, a diagnosis can safely be made when there is found:

(1) A history of contact.

(2) Undernourishment—shown by loss of weight or failure to gain weight.

(3) Diminished vitality—shown by fatigue.

(4) Signs of infiltration at the hilum.

(5) X-ray evidence of enlarged tracheo-bronchial glands.

(6) A positive tuberculin test.

So important is it to control a tuberculous infection in this early stage that it is advisable to institute appropriate treatment even when yet in doubt—because at this stage the prognosis is decidedly good. Delay permits the lesion to develop into the parenchymatous type of lesion with

which the prognosis is anything but favorable.

The early diagnosis of tuberculosis in children promises even greater results than does the early diagnosis of this disease in adults. It is now universally recognized that in adults excellent results may be attained by treatment if the case is caught in the minimal stage. Much better results can be more surely predicated in tuberculosis in children if the case can be placed under treatment before the transition from the lymphatic lesion to the parenchymatous lesion has taken place.

Why is Posture so Important

By JESSIE H. BANCROFT, in "The Posture of School Children"

If one cares to sacrifice the pride of appearance, is there any other consideration that makes erect carriage of the body desirable or necessary? The answer is three-fold and most emphatic: Erect carriage of the body is necessary (1) for full vigor and health; (2) to prevent waste of energy in maintaining the upright position in any of the activities of life; and (3) with children, to admit of proper growth and development. To make plainer what is meant by each of these three points, it may be stated at once that only in the perfectly erect position of the body are the great organs of the trunk—heart, lungs, stomach, liver, kidneys, and other viscera that constitute the main working machinery of the body—in a position to perform their work to the best advantage. One may shift and change the position temporarily with a great deal of positive benefit; indeed, activity in work, gymnastic exercise, or sport, is necessary to health; but the habitual bad carriage of the body in walking, standing or sitting, or a faulty relation of its parts in habitual occupations (as in bending with a cramped chest over a desk or over sewing for many hours

a day), may interfere seriously with the great functions of circulation, respiration, digestion, elimination, etc.

For these functions to work at such a disadvantage is, of itself, a waste of energy; and in addition to this, the expenditure of nervous and muscular effort required to maintain an incorrect standing position is greater than that necessary for a good position.

To children these general considerations apply as forcibly as to adults, but assume an especial importance; since the great physiological functions have in childhood not only to provide for the waste and repair of daily usage, but must furnish also material and energy for growth and development. Moreover—and this is of crucial importance—the posture of the spine, chest and shoulders, throughout the growing period, influences profoundly their ultimate contours and proportions. A well-developed chest, a back strong and normal in its growth, and shoulders and head well poised, are points of development that must be held of fundamental importance by every one concerned in the well-being of a little child.

International Council of Nurses' Congress at Helsingfors, July 20-25, 1925

President, Baroness S. Mannerheim, Kirurgiska Sjukhuset, Helsingfors, Finland; Hon. Secretary, Miss C. Reimann, Teachers' College, Columbia University, New York, U.S.A.; Hon. Treasurer, Miss M. Breay, 431 Oxford Street, London W., England.

Members: The American Nurses' Association; The Canadian Nurses' Association; The Danish Council of Nurses; The German Nurses' Association; The National Association of Italian Nurses; The National Council of Trained Nurses of Great Britain and Ireland; The National Federation of Belgian Nurses; The New Zealand Trained Nurses' Association; The Norwegian Nurses' Association; Nosokomos, Holland; The Nurses' Association of China; The Nurses' Association of Finland; The South African Trained Nurses' Association; The Trained Nurses' Association of India.

CONGRESS AT HELSINGFORS, JULY 20-25, 1925

The International Council of Nurses was founded in London, 1899. One of its achievements has been to provide opportunities for nurses from all parts of the world to meet in order to confer upon questions relating to their work. Thus Congresses have been held in Buffalo (U.S.A.), Berlin, Paris, London—and the last was in Cologne, Germany, 1912. The Congress in Helsingfors will therefore be the first large international gathering of nurses since the late war, which has had such an enormous influence on the development of nursing in almost all civilized countries.

Although the number of delegates for the Congress is limited, nurses from all countries and persons who are not nurses, but interested in nursing matters, are cordially invited to attend all but the strictly business meetings.

ARRANGEMENTS AND ACCOMMODATIONS FOR THE STAY IN FINLAND

Arrangements are being made for accommodating the visitors during the Congress in

Helsingfors. In order that a sufficient number of rooms can be placed at the disposal of the participants, both in hotels and in private homes, it is important to know just how many there will be, and therefore it is urged upon those intending to go to write for reservations immediately. Arrangements must be made through the Committee on Arrangements, Kirurgiska Sjukhuset, Helsingfors, who ask to have all applications before April 1st. Please write a brief and clear application, indicating:

- 1—Name, address, and position of applicant.
- 2—Type of room desired in Helsingfors.
- 5—Probable date of arrival and length of stay.

A registration fee for the Congress of \$1.25 (5s. 5d.) is payable on arrival, at which time the detailed program and badge will be available.

Before and after the Congress excursions will be arranged for, lasting 2, 3, 4, 5, 8 or 9 days. These trips—comprising old castles and beautiful sceneries, including Imatra, the most voluminous waterfall of Europe, and different institutions interesting to nurses—can be taken individually, or by groups. Travel in Finland is not expensive, and can be done at an average daily cost of M. 250, or about \$6.00 (£1 5s. 6d.). Please note on the application blank if any of these excursions interest you and state the duration of days desired.

PRELIMINARY PROGRAM JULY 20TH

Arrival at Helsingfors.

Morning and afternoon: Business meetings of officers and delegates. Registration. Musical Church Service.

Evening: Welcome to the delegates and guests. Addresses by prominent speakers on International movements in relation to nursing.

JULY 21ST

Morning and afternoon: General Sessions, especially concerned with the work of the International Council.

Evening: Introduction of new members.

JULY 22ND

Morning: General Sessions on "Administration and Teaching in Schools of Nursing."

Afternoon and evening: Excursions.

JULY 23RD

Morning: General Session on "Public Health Nursing."

Afternoon: General Session on "Special Fields of Nursing".

Evening: Open Meeting.

JULY 24TH

Morning: General Session on "Nursing Legislation".

Afternoon: Meeting of Officers and Delegates.

Evening: General Session on "Nursing Associations and Publications."

JULY 25TH

Morning: Boat ride.

Afternoon: Social gathering and farewell.

Although it is not yet possible to draw up the full schedule for the meetings, arrangements have already been made for a series of interesting addresses and discussions by leading authorities in nursing from many lands and also from representatives of Public Health and Social Welfare work. A number of Round Tables have been arranged in order to give an opportunity for small groups to discuss informally the most pressing problems coming up in relation to special fields of nursing. Arrangements will be made for special groups to meet for luncheons and dinners.

TRAVELLING AND ACCOMMODATIONS BEFORE AND AFTER THE CONGRESS

Bennett's Travel Bureau has been appointed Transportation Manager to the Congress and all bookings should be arranged through them. For details of schedules and rates apply to one of the following offices of Bennett's Travel Bureau, or their agents:

New York.....500 Fifth Avenue.
London.....66 Haymarket, S.W. 1.
Paris.....4 Rue Scribe.

Oslo (Christiania).....35 Karl Johansgate.

Copenhagen.....47 Raadhusplads.

Stockholm.....8 Vasagatan.

Berlin.....Interpreter's Office, Stettiner Bahnhof.

Amsterdam.....25 Leidschestraat.

Brussels.....V. Bull & Cie.,
Place Brancquere.

Rome.....18 Piazza del Popolo.

Basel.....Reisebureau,
Zwilchenbart, A. G.,
Centralbahnplatz 9.

Helsingfors.....A. B. Finland's Rese-
bureau,
Norra Esplanadgatan.

NOTES ON NORTHERN COUNTRIES OF EUROPE

Many going to the Congress will undoubtedly wish to spend a little time visiting the countries of Northern Europe. We are, therefore, giving a brief description of what there is to see in these countries, with suggestions for tours, that can be taken before or after the Congress.

FINLAND, BEAUTIFUL "LAND OF A THOUSAND LAKES"

Northern Europe has grown in popularity with the tourist ever since the World War. Finland is less known than the three neighboring Scandinavian countries, because of its situation away from the beaten track. He who visits Finland will, however, find the trip worth while, and be pleasantly surprised at the beauty and scenic charm of the country. He will find hills covered by deep pine or fir forests, here and there intersected by leafy groves, and all around large and small lakes, in the deep calm waters of which the surrounding trees are mirrored in the fairy-like light of the North.

With its forty thousand lakes and its numerous streams and rapids, Finland is a country unique in all the world. Finland is also a modern and progressive country, with good schools everywhere, even in the poor and sparsely populated Northern communities, with many power stations and plants at the numerous rapids and with its capital, Helsingfors, a beautifully laid-out city with a population of 200,000. Cleanliness is a characteristic of Finland. The Finlanders, whether of the old Finnish stock or of the Swedish stock living on the West coast, are

intelligent people who have brought forth scientists and artists of world renown.

The grandest scenery that Finland possesses is mainly located in the interior and in the Eastern part of the country. A circular tour to the spots best worth visiting can be made in about ten days.

SWEDEN, LAND OF TODAY AND YESTERDAY

Sweden is the largest country in Scandinavia and nearest neighbor to Finland. Stockholm, the capital is one of the most beautiful cities in Northern Europe, a "Venice of the North" with palatial public and private buildings. Many interesting Royal Palaces are situated in the pretty surroundings and can be reached in half or whole day excursions. Uppsala, the ancient university city, is one hour by rail from Stockholm. Visby, romantic city of "Ruins and Roses," with memories of bygone days on the Isle of Gotland, is reached by steamer overnight. The Gota Canal is an interesting 2½-day water trip from Stockholm to Gothenburg, bringing us right across Sweden, passing interesting mediaeval castles and churches. Dalecarlia is the "heart of Sweden," one day by rail from Stockholm. Here the peasants can still be seen in their picturesque costumes.

NORWAY, LAND OF FJORDS AND MIDNIGHT SUN

No country in the world offers to the tourists such a varied combination of scenic beauty as Norway. The beautiful Hardangerfjord has its shores covered by luxuriant verdure and is dotted with picturesque red-painted farms, while snow-capped mountains tower above. The stern Sogne Fjord reaches with its arm the narrow Naero Fjord, 111 miles into the heart of the country. Perpendicular mountain walls soar up to 7,000 feet into the sky from all sides, and in between the mountains are deep gloomy canyons seldom touched by the rays of the sun. The Nord Fjord, according to Baedeker, is the finest combination of vast expanse of water with mighty mountains and glaciers. The Geiranger Fjord, only a quarter of a mile wide, has waterfalls everywhere tumbling down from heights of 2,000 feet or more. The Romsdals Fjord is surrounded by weird snow-capped peaks, such as the Witches' Pinnacles and Romsdalshorn, the Matterhorn

of Norway. Lyngen Fjord in Northern Norway is one of the most superb color vistas imaginable, with its blue glaciers descending into purple shadowed gorges, mirrored in water clear as glass underneath the golden hue of the Midnight Sun. Finally, to watch from the North Cape, the "edge of the world," the phenomenon of the Midnight Sun and to see "Without one interval of darkness, the Past transfer itself into the Present and Yesterday become Today," is an unparalleled experience.

DENMARK, LAND OF PROGRESS

Although unlike the other countries, Denmark has with its pastoral beauty, its shady groves and smiling lakes a charm all its own, and not the least attraction is that it is unspoiled by tourists. He who wishes to take a rest from a hard year's work or a strenuous sightseeing trip, can do no better than spend a week or two in the country of Andersen's Fairy Tales, inland or at the shore. Of Denmark's three million inhabitants, almost one quarter live in Copenhagen, the capital. Copenhagen is the oldest and largest city in Scandinavia and also an important centre of learning, art and literature. Of special interest are the beautiful art collections and the modern hospitals of Copenhagen, whose splendid architecture has not yet been surpassed anywhere.

TRAVEL ROUTES TO HELSINGFORS FROM CANADA

One-class cabin steamers of the Canadian Pacific leave Montreal or Quebec every Friday for Liverpool, the crossing taking seven days. Through tickets to Helsingfors via Liverpool and Hull are issued at \$30 increase over the ocean fare. There are also one-class cabin steamers of the White Star Line and large first and second class steamers of both lines from Canada to Great Britain and France, which can be used on the way to Helsingfors. The entire trip from Montreal or Quebec to Helsingfors takes from ten to fourteen days, depending on steamer and connections. Write to Bennett's Travel Bureau, Inc., 500 Fifth Avenue, New York, for further details regarding sailings and rates.

INTERNATIONAL MERCANTILE MARINE LINES SAILINGS

S.S. "Megantic," June 27th, minimum rate cabin class from Montreal to Helsingfors, via Liverpool, \$175, plus \$5 war tax.

S.S. "Regina," July 4th, rates the same as per "Megantic".

S.S. "Canada," July 11st, minimum cabin class rate from Montreal to Helsingfors, via Liverpool, \$160, plus \$5 war tax.

These three steamers carry one class cabin passengers only and the "Regina" is a new steamer, the largest ship sailing from Montreal.

The above rates through to Helsingfors include board and lodging in England while awaiting connecting steamer for Finland.

This company operates special College Tours in connection with the above sailings, passengers occupying improved third class space with special accommodation and catering. While these tours do not include Finland in the itinerary, passengers could book with the party to Liverpool and arrange their own forwarding to Helsingfors and back.

The rate of the ocean passage from Montreal to Liverpool on the "Megantic" and "Regina" is \$85, plus \$5 war tax, which as against the minimum cabin rates as quoted above represent a saving of approximately \$60, based on the Liverpool rate. Folders descriptive of the College Tour may be obtained from the International Mercantile Marine Lines Agent, Toronto.

All passengers travelling from Canada must be in possession of passports, which are only obtainable through the Department of State, Ottawa. Application should be addressed to the Passport Officer, Department of State for External Affairs, Ottawa. Two unmounted photographs should accompany the application. The charge for each passport is \$2.00. Canadian passports also require the visae of the Finnish Consul. This can be obtained in Toronto from Mr. A. Saarimaki, 119 Bay St., at a cost of \$2.00.

Reservations may be made through any of the local agents or direct with the Company's office by depositing \$30.00 for each cabin passenger and \$20.00 for third class. Accommodation for the return journey may be reserved through any of the Company's offices or agents before the passenger sails for Europe.

N.B.—Nurses will please note that they must arrive in England not later than Tuesday, July 14th, otherwise they might miss the boat leaving Hull Wednesday, July 15th, which is the latest boat on which sailing may be made in time to arrive at Helsingfors for the opening of the Congress.

Booklets containing information relative to the Congress, travel routes to Helsingfors, and tours in Europe, may be obtained at the National Office, 609 Boyd Building, Winnipeg, Man.

International Society of Public Health Officers Formed

As the result of the recent interchange of public health officers under League of Nations auspices, the decision has been made to set up an international society open to all medical officers of health who are taking part in the various interchanges organized by the league. A provisional committee composed of members from Great Britain, Russia, France, Germany, Poland, Italy, and

Ecuador is engaged in drawing up the constitution of the organization, which will have its headquarters at Geneva. Two hundred and forty persons from forty-three countries will be invited to become the society's original members. The organization will act as a medium of exchange information on all matters of public health. — "The Nation's Health," August, 1924.

*The Hospital in Relation to the Health Dept.

By HENRY A. ROWLAND, Phm.B.

Secretary, Department of Public Health, Toronto

MR. PRESIDENT, Ladies and Gentlemen,

In the first place, I wish to remind you that Public Health work, as an organized service, is of quite recent origin.

The Hospital, as such, however, has for centuries held an honored place in the heart of man.

As far back as history records, we find evidence that provision of a kind has been made for the care of the afflicted, while it is only during the past century that preventive measures have been attempted, and even today there are always groups of people who delight to talk about the good old days of long ago. These people are, very frequently, ably assisted in this by writers of fiction and by producers of moving pictures. There is, doubtless, an attraction in the apparently carefree life of the picturesque ladies and gallants of the past centuries. However, a moment's thought of the lack of what we consider every-day comforts, and of the general condition of the masses of the people of the old days, is surely evidence that the world progresses and that, with all our problems and difficulties, we can accept present conditions in a comparatively comfortable assurance that we are more fortunate than our ancestors and can look to the future for greater improvements in the lot of man.

While saying this and believing in the constant improvement of conditions, it is quite realized that changing conditions create new problems and demand different treatment.

We can look back to the small village with its general practitioner, who labored hard amongst its people and brought to them all the knowledge and skill then known. We may smile at the "Lady Bountiful" social worker of the past, but she fairly

met the conditions as they were in her time.

The changes brought about by modern manufacturing and new commercial conditions have brought ever-increasing numbers to live in large and congested centres. Scientific discoveries have entirely altered the mode of living. Rapid transportation, electricity, telegraphy, telephones and so on, have affected the lives and the living conditions of everyone.

During this same period, medicine also has made progress. With increasing knowledge, new machinery and new methods have been developed so that the masses of the people have also been benefitted thereby. With the work of the immortal Pasteur over half a century ago, medical science made great strides in knowledge of the cause of disease, and with this the possibilities of prevention came to the front. As a result of the marvellous discoveries, during and since Pasteur's time, most communities have now permanently organized health departments, whose duty it is to apply this knowledge of preventive medicine for the benefit of the community in co-operation and close alliance with the hospitals and other similar institutions, many of which have already been long established.

I presume that the reason for asking me to present this paper was that it was thought that my position has brought me into contact with both the Health Department and most types of hospitals, and while I regret my inability to do justice to this subject, I assure you I keenly appreciate the honor you have done me by placing my name on the programme.

As I understand it, the Health Department and the Hospital are one, in the same way as all medicine, with

its specialties, is one. The Health Department exists to carry on one branch, that of preventive medicine, in a community sense, but certainly not in any isolated way.

My remarks, therefore, will be based on this assumption and of the impressions I have as to how the Hospital, as the senior branch, can aid the junior branch in its work of safeguarding the health and the lives of the citizens in its community. In support of this, I will give a very short outline of certain phases of our public health work in Toronto, which will show the very close relationship existing in that city between the various city hospitals and the Health Department. The communicable diseases are already a problem that is of interest to both Hospital and Health Department.

In Toronto, the Isolation Hospital is operated under and by authority of the Local Board of Health, and in consequence is administered by the Department of Public Health, as provided for in the Public Health Act of the Province of Ontario. If the bed capacity is large enough to make this method administratively economical, as it is in Toronto, then we believe it is the better plan, otherwise it might seem more reasonable to have an isolation wing as part of a general hospital.

In any case, the proper hospitalization of communicable diseases is necessary, both in the interest of patients who cannot be properly cared for at home, as well as to prevent the spread of infection where isolation in the house cannot be definitely maintained.

Unfortunately, sickness of all kinds and poverty very often go hand in hand. It is impossible to do proper health work in the home that has not a sufficient income to meet its reasonable needs. Furthermore, this lack of income frequently results from sickness. It must be apparent then that the health worker, whose primary duty is to apply the know-

ledge of preventive medicine, is also definitely interested in the proper medical care of the sick.

To my mind, an excellent way of providing for the hospital care of the indigent sick is as we have it in Toronto. Patients requiring in-patient treatment are admitted to the wards of the various hospitals and sanatoria. The city pays the per capita diem rate of \$1.50, which rate is set by the Provincial Government, and is applicable for all indigent patients who can prove residence in the municipality. The responsibility for deciding as to the patient's eligibility for treatment at Toronto's expense is left to the City Relief Officer, who examines him as to financial conditions and residence. Those who can be cared for in the out-patient department of the hospitals are given treatment there, the city paying 32c for each visit or treatment. This is one point at which we feel the city's interests should be carefully safeguarded, as there are doubtless patients attending out-patient clinics in Toronto, as in many other cities, who are able to pay and should go to a private physician. Whenever there is reason to question their eligibility for free treatment, a report from the district Public Health Nurse can speedily settle the point.

During the year 1923, the city of Toronto paid to the hospitals and sanatoria the sum of \$720,000 for maintenance of indigent in-patients, on the \$1.50 per diem basis, as well as the sum of \$55,000 on account of indigent out-patient treatment. Many of these cases were sent to the hospital on the recommendation of a Public Health Nurse. This is another demonstration of the close co-operation between Hospital and Health Department.

However, I believe that while the Health Department is, for the reasons given, interested in the fact that the sick be cared for, it should not be a function of that department. The department may be forced into

treatment work for various reasons, but when it is, it is getting out of its real field and expending appropriations that should be otherwise used. The actual medical and nursing care of the sick is, of course, a long way from the finished treatment of the patient. This fact has been recognized and an effort made to deal with it through the Hospital Social Service Departments.

In Toronto, the Toronto General Hospital has its own efficient Social Service Department, and in this way, by co-operating with the Health Department, it relieves the city of the cost of this service. For the other thirteen hospitals and the five sanatoria, to which Toronto's patients are admitted, the Public Health Department provides the service as part of the public health nurses' programme. This is carried out by placing one or more public health nurses in each hospital and using the general field staff to do the home visiting, reporting, etc. Thus, the actual hospital group is really multiplied to the number of field workers for home contacts, and the nurse who already knows the home and is known to the people is still used in that home. The results achieved in Toronto through this method of follow-up amply justify the work and expense it entails. This method has also meant a very satisfactory linking up of two services (a good piece of team work), both the Health Department and the Hospital helping to solve the problem of the home. In addition, the hospitals are teaching centres, and as such, affect the work of the next generation by means of their influence on their graduates, many of whom finally attach themselves to Public Health Organizations.

There are certain other definite public health problems, that affect to a great extent the whole community, which are largely institutional or hospital ones, such as—

Tuberculosis Cases—These make great demands upon Hospitals and

Sanatoria, the institution being an essential link in the chain of care and prevention of this disease.

Mental Cases—Which are so closely interwoven with all health and social problems, must be studied and in many cases cared for in the hospital.

At the present time, under the Department of Public Health in Toronto, there is a staff of Mental Hygiene Workers, under the direction of a Psychiatrist. The staff at present consists, besides the director, of two nurses, with special psychiatric training, two psychologists, a psychiatric social service worker and a stenographer.

Realizing that the most constructive work can be done in this field in the education and training of the feeble-minded child, the Division of Mental Hygiene specialized on school survey work, and the follow-up of the graduates from the system of auxiliary classes that are maintained by the Board of Education, with whom we work in very close co-operation. Through the activities of this staff, fifty auxiliary classes have been inaugurated, with two trade schools for adolescents, one for boys and one for girls, and while it is felt that this number is not sufficient for a city the size of Toronto, the opening of additional classes is retarded owing to the over-crowded condition of our schools. Many of the cases of mental disease that are encountered by the public health nurses in their districts are also handled through this division, which of necessity works in close co-operation with the psychiatric clinics in general hospitals, with the psychiatric division of the Juvenile Court, and in an advisory capacity to such organizations as the Big Brother and Big Sister Branches. It is hoped that the follow-up system which is now being developed will, even in a comparatively short time, inhibit many cases that would otherwise become delinquents.

Venereal Disease Cases—The treat-

ment of venereal disease is carried on in Toronto hospitals as part of a provincial scheme for the control of these diseases. The war, which brought to public attention in Canada the fact that these diseases constitute a serious national menace, also furnished sufficient public opinion to make possible the passage of laws dealing with their control and the granting of money for their treatment.

In 1918, the Venereal Disease Prevention Act of Ontario was passed. Under the provisions of this Act, all hospitals receiving government aid were required to provide treatment for these diseases.

In 1920, the Federal Government of Canada granted \$200,000 for the work of Venereal Disease Control, the money being distributed between the various provinces on a per capita basis, one condition being that the province receiving its share of this grant must also provide an equal amount. The Province of Ontario has had annually since 1920 the sum of \$114,000 to help carry on this work.

On behalf of the Federal Government the Provincial Board of Health makes all arrangements with the various hospitals and other institutions when establishing the clinics. The Provincial Government allows the hospital the sum of \$1,000 towards the initial cost of clinic equipment, \$500 annually towards the salary of a physician and a similar amount annually towards the salary of a social service nurse, as well as 50c per day for each in-patient and 50c for each treatment given in the out-patient clinics. The records are standard for all clinics and are also supplied free by the Provincial Board of Health. In addition to these payments, the city of Toronto pays the hospitals the same rate as is paid for other indigent patients for all Toronto V.D. cases given treatment in both in-patient and out-patient departments of the hospital. This same rule ap-

plies to all other municipalities.

There are, in Toronto, under the government scheme, six clinics, located in as many hospitals. By an arrangement made between the Provincial and Local Board of Health and the Hospitals, the clinics are held as far as possible at different hours. In this way, it is possible to secure treatment for a venereal disease case at any hour of any day of the week, except Saturday and Sunday. During 1923, 1367 new patients were admitted to these clinics and 33,584 treatments were given. During this same period the social service nurses in Venereal Disease Clinics in Toronto made 3,405 visits to the homes of their patients. During the same period 657 persons, the contacts and alleged sources of infection for venereal disease cases were examined, with the result that 164 of these were found to have syphilis and 44 to have gonorrhoea.

The Provincial Board requires that each Venereal Disease Clinic, in order to be eligible for government aid, must employ a full-time social service worker, who shall be a graduate nurse. In Toronto, the nurses in all the hospitals, except one, have been appointed and are paid by the City Department of Health. The \$500 paid by the government to the hospital is forwarded from the hospital to the Department of Public Health and the amount is credited by the Health Department to the cost of maintaining a nurse at the hospital in connection with this work.

There are numerous other health services furnishing opportunities for treatment and cure, which are made possible only by means of the close co-operation of the hospital and health department. In other words, the hospital, by caring for the sick, permits the re-adjustment of the home by health and social agencies, and also is a factor in the prevention of the spread of infection through hospitalization of cases. The

(Continued on page 97)

Sight Saving Classes in Toronto

By BARBARA A. ROSS, Reg. N.,

Supervisor of School Nursing, Department of Public Health, Toronto.

WITHIN recent years, increasing interest has been shown in the welfare of the handicapped child. As a result, several kinds of auxiliary classes have been established to meet the special educational needs of these children. One type of auxiliary class which is comparatively new is the one established for the benefit of children handicapped by sub-normal vision, who are unable to benefit from the instruction of the ordinary class room but are not suitable pupils for the Institute for the Blind. These classes are called Myopic Classes, Conservation of Vision Classes, or Sight Saving Classes.

The movement for better care and training of children with defective vision began in England following the meeting of the International Congress of School Hygiene, held in London in 1907. To Dr. N. Bishop Harman, the founder of Myopic Classes in London, is due largely the success of this progressive step in elementary education. The success of this project in England led to the establishment of sight saving classes in the United States—in Boston and Cleveland in 1913. Many other cities in that country have since followed their example. There are now over forty of these classes in operation in New York City.

The first sight saving class in Canada was opened in Halifax in 1917, soon after the explosion in Halifax harbor.

In Ontario, the Auxiliary Classes Act, passed in April, 1914, provides for the establishment of Myopic Classes or Special Classes for children whose sight prevents them making satisfactory progress even when provided with proper glasses and placed in front seats, or whose sight would

be further impaired by using the

ordinary text-books and other means of instruction. In Toronto, many school teachers, the members of the school medical staff and some leading oculists, especially those connected with the clinics of the Hospital for Sick Children, believed that there was an urgent need for such classes in our schools. A committee was formed under the auspices of the Institute for the Blind to gather data, indicative of the extent of the problem of defective vision in our schools. A survey of the Public Schools was carried on in 1920 in co-operation with the Department of Public Health and the Hospital for Sick Children, utilizing the existing hospital school and district records.

According to the medical advisers consulted by the Survey Committee, children with only one-third or less of normal sight would certainly fall in the class of those with defective sight requiring special classes. Thus, only those children who tested 20/60 or less by the Snellen Test were considered in the survey. In ordinary English, this means that the smallest type that any of the children considered could read at a distance of twenty feet was nearly an inch high, whereas, at this distance, a normal child can read type about one-third that size.

Four hundred and ten cases were recorded, and of this number one hundred and sixty-five had received treatment which had proved ineffective. It was reasonably certain that no treatment would make these pupils suitable for the ordinary class. The remainder had not yet received treatment, but even after treatment many would doubtless require special instruction.

The presentation of these findings to the Board of Education resulted

in the establishment of Toronto's first sight saving class in Orde Street Model School in March, 1921. Two other classes have since been opened—in Duke of Connaught School, March, 1923, and in Brock Street School in September, 1923.

With the limited accommodation available, prospective pupils for those special classes are carefully studied before admission. Probable cases are brought to the attention of the school medical officer in the routine physical examination, and in special examinations—when the school nurse thinks that special treatment may be necessary. The nurses may come across these pupils in the course of a classroom inspection or they may be referred to the nurse by the teacher who has noticed that Jimmie or Annie isn't getting along well. The child may come to the nurse complaining of sore eyes or headaches or inability to see the blackboard. Some cases are referred by private physicians and hospital clinics.

All these pupils are examined by the school medical officer, who recommends for further examination those whom he considers may be suitable cases for the special classes. The eye specialist attached to the Department of Public Health makes the final examination and decides as to admission. In addition to examining for admission he examines each pupil once a month, records his findings and advises the teacher as to the amount of reading and writing to be done by each pupil.

As the aim of the sight saving classes is to minimize eye-strain, the equipment and method of classroom instruction are adapted as far as possible to this end. A large, light, airy room with north or north-west exposure is most desirable. If that is not available, as it is not in one of our schools, blinds at the tops of the windows, and at top or bottom of the lower sash are required to diffuse the sunlight (to be adjusted to shut out

as little light as possible). For dark days there is indirect electric lighting. All surfaces in the class-rooms, such as walls, desks and blackboards, have a dull finish to lessen the glare. The walls are buff in color, the desks are moveable and adjustable, with sloping tops which prevent the children from sitting in a stooping position. Ample blackboard space is provided for use of the pupils to encourage free-arm movement and large characters in writing and drawing. Other equipment consists of a table for manual work, a series of twenty-four point type texts for supplementary reading, a type-writer, a type-writer stand, piano, dull, buff-colored paper with green lines for seat-work, reed for basketry, outline maps and reading charts for junior pupils.

The lesson periods are short. Games, songs, folk-dancing and handiwork are enjoyed as relief from routine work which implies eye-strain. The pupils learn to do weaving and basketry by touch. Sewing is not allowed, but knitting is permitted if done automatically. The senior pupils are taught to use the typewriter.

Oral instruction and recitation of senior pupils are taken in common with the normal children. They are delighted to measure up with the pupils of the regular class. Besides promoting a more normal life, this mingling with others stimulates competition with those who will later be their competitors in business life. All the pupils of the sight saving class mingle with the rest of the school at recess without restriction.

The care of the eyes at home and at school is emphasized, and home habits in this respect are checked up as far as possible.

Very much more depends on the teacher in the sight saving class than on the teacher in an ordinary grade, as she is cut off from the book method of modern teaching. Each pupil requires individual attention. Several grades may be represented in the one

class. It is therefore quite easy to understand that fifteen pupils is considered the maximum assigned to one teacher.

One of the contributing factors to the success of those classes is their happy atmosphere. It is a pleasure to see the delight shown by the pupils in their work. They are quite free from that regrettable sense of inferiority which is often the affliction of the handicapped. Whatever unhappy experience they had in the ordinary class-room, where failure to keep up with the others was usually their lot, they are now happy and contented, as under wise and sympathetic guidance they are led little by little to conquer what had been to them insurmountable barriers to education.

The sight saving classes in Toronto, as elsewhere, have already proved of great value. Since the opening of the first class in 1921, nine pupils have been discharged with vision so improved that with care they are able to carry on in the ordinary class-room. We should explain that such cases are not considered ideal for these

classes, but were admitted when the work first began in our schools. The ideal cases are those whose vision will never improve and who will require to remain in the sight saving class during their entire public school career. In these latter cases, it is encouraging to note the progress made. Many of these pupils on admission to the class were behind the usual grade for their age, and most of them in a short time more than made up for time lost. Two have passed the high school entrance examination, which would doubtless have been an impossibility if they had remained in the regular class-room.

Up to date, no further provision for this type of child has been made in Toronto. There are no sight saving classes in the high schools as yet. We hope when the need arises to receive assistance from the Technical School as to vocational instruction. In order that these children do not lose the benefit already received from the sight saving class and that they may become useful citizens instead of burdens on the State, it seems very necessary to secure for them further vocational guidance and supervision.

Resume of Address by Dr. D. S. McNab, Calgary, to Graduating Class, Holy Cross Hospital, Calgary, June, 1924

Very great changes have taken place in the methods of caring for the sick. Formerly these were of a most haphazard and inefficient kind, but the development of modern education demanded highly skilled and scientific physicians and nurses.

The history of nursing makes romantic reading. Turning over the pages one sees the daughters of Aesculapius, the lay sisters of the Crusaders, St. Frances and St. Hedwig—the last two performing the most menial tasks of the probationary nurse.

In 1546 St. Bartholomew's was made over to the Mayor and Council

of the City of London, who established the nursing staff of those days. It is revolting to think that many of the members of what is now one of the noblest of professions, demanding above all elevated aspirations and high ideals, were taken from the lowest grades of society. In 1829 the first attempt in England was made to train and send out nurses to care for the sick in their homes. In 1836 Kaiserwerth "Motherhouse," in Germany, formed the starting ground for the modern training school. The modern conception of a nurse, however, came largely through the influence of the famous Florence Nightingale, who was well born,

highly educated, beautiful of form, but even more beautiful in nobility of mind, and much in advance of the prevailing ideas of her age. In 1851 she visited Kaiserwerth and other places to study the nursing system of continental hospitals. In 1854 the Crimean War gave her an opportunity to put into practice and show the advantages of her humane ideas. From her time, and largely as a result of the noble sacrifice of her own life to nursing, the calling has made immense strides until it has reached the position of being one of the most essential and respected of professions.

The success of a nurse depends not only on what she knows, but on what she is. The performance of her nursing duties is but a small part of her training, which includes the development of right character, attitude of mind, habits of life. It is not enough to become an average nurse. To be successful the nurse must not seek merely selfish ends—preferment, honor, power: her prime duty is to develop the ability to solve her problems, to acquire knowledge and character. Study is important; diligence and sincerity are indispensable. She must cultivate personality in order to exercise helpful influence over the sick. A firm will must also be hers so that she may carry out the purposes she knows to be right. She should be adaptable in order to overcome adverse circumstances. Resource will enable her to give the full benefit of her training to her patients.

She must be industrious and willing to pursue her calling even against her inclinations: i.e., she must be willing to do her duty in conditions which are unpleasing. She must learn to control her temper or much of her good work on the body will be undone by the effect of anger on the mind of her patient. She must learn to so influence the patient that by skilful tact she may have her own way even when their

inclinations are opposed to her. She must be loyal to her training school and the doctor. Above all, she must pursue a policy of generous loyalty to the welfare of the patient, respect his rights, his private affairs, and do all she can to promote his recovery.

Finally, she must be tactful: know what to do and what to leave to others. Her resourcefulness will enable her to make the necessary modifications to adjust herself to her many and ever-changing environment. She must be prepared for the inevitable withdrawal of intimacy as the critical period passes and the family returns to its normal habits of life.

The many irregularities in general living conditions to which the nurse is forced to adapt herself emphasizes the attention she must pay to her health, and she must remember not to overlook such things as rest, exercise, sunshine, regular food, and fresh air in order that her body may maintain its normal standard and be able to resist not only disease, but also the depressing conditions of the sick room.

"In conclusion," Dr. McNab said, "I beg to call your attention to the institution from which you are graduating—an hospital standing at the top of the class in the group of hospitals to which it belongs. Be loyal to it; also to the sisters who have instructed you—devoted, capable, earnest, conscientious women, who have worked hard to instil in you the qualities mentioned. We knew you as probationers, entering the hospital unfamiliar with the ways of the institution, yet full of willingness and determination. We have watched you as you passed through the various years of work and courses of study; have watched your characters unfold, and now in the full bloom extend to you our hopes, our best wishes, our most sincere congratulations, and the more material sheepskins."

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
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Immunity and Immuno-Therapy

By W. MAGNER

PART II.

THE natural defensive forces of the body having been reviewed, it remains to describe the course of events following upon an overthrow of these defences, or in other words, the occurrence of an actual infection. Such an event implies that the bodily forces have been temporarily vanquished, but, unless the victim's resisting power is abnormally low, or unless the bacteria gain access in overwhelming numbers, the fight is only in its preliminary stages. During the early days of the infection the leucocytes and antibacterial substances normally present in the blood are unable to cope with the bacteria, which multiply and produce abundant toxins that poison the patient's tissues and produce various symptoms, such as headache, pyrexia, malaise, and perhaps certain localizing symptoms due to involvement of some organ, such as the kidney, liver or gastro-intestinal tract. In a favorable case, however, from the very onset of the disease the patient's tissues respond to the emergency by mobilizing their resources. More and more leucocytes of the type best fitted to cope with the invading bacteria are formed in the bone marrow and poured into the blood stream; greater and greater quantities of antistances are produced, and finally the micro-organisms are destroyed and recovery ensues. Following upon this victory the number

of leucocytes in the blood rapidly returns to normal, but the antibodies usually persist for long periods, during which the patient is immune or resistant to fresh attacks from that particular bacterium. A response of this type, characterized by a rapid and abundant formation of antistances which persist in the blood long after recovery, is constant in the case of many of the commoner acute infectious diseases. In others, however, such in influenza and lobar pneumonia, antistances, if formed rapidly, disappear, and as a result recovery is not associated with the development of immunity. Actually, individuals who have been through an attack of pneumonia or influenza appear to be less resistant than a normal individual.

Leucocyte Count

A study of immunity reactions, or in other words, the changes which occur in the blood during the course of an infection, has led to the development of many tests which are valuable aids in diagnosis. Thus an enumeration of the number of leucocytes in the blood is, as every nurse knows, a common procedure. It serves to determine the presence or absence of an inflammatory focus in the body, as the development of such foci is almost invariably associated with a very great increase in the number of circulating leucocytes.

Widal Reaction

Again infection with the typhoid bacillus leads to the appearance in the blood of certain antibodies known as "Agglutinins," because they possess the power of agglutinating the bacilli or causing them to come together in clusters. The "Widal Reaction" or "Agglutination Reaction," which is so commonly used in the investigation of a suspected case of typhoid fever depends upon the presence of these agglutinins. In carrying out the reaction the patient's serum is added to a suspension of typhoid bacilli in saline solution and the mixture observed either with the microscope or the naked eye. If the bacilli cease moving about in the fluid and finally cluster together, we have demonstrated the presence of specific antibodies for the typhoid bacillus, and are justified in assuming that the patient is suffering from typhoid infection, or has suffered from such an infection at some previous date.

Pneumococcus Typing

In cases of lobar pneumonia it is often of importance to determine the type of pneumococcus which is responsible. Here also we apply our knowledge of immunity reactions, but in a somewhat different fashion. Pneumococci are classified as belonging to Type I., Type II., Type III., or Group IV., the latter comprising several closely allied strains, and in the laboratory is kept a supply of antiserum for each of the first three types. This antiserum is prepared by inoculating horses or other animals with the type in question, and, like typhoid antiserum, has the power of agglutinating the particular strain of pneumococci of other types. In carrying out the test the procedure is to isolate the organism from the patient's blood or sputum, suspend it in saline solution and determine which antiserum causes its agglutination. If it is not affected by anti-

sera for either of the three definite types, it is classified as belonging to Group IV.

Tests similar to those described, in as much as they depend upon the development of antistances in the animal body following upon natural or artificially produced infections, may be employed in the diagnosis of various other bacterial diseases, such as tuberculosis, gonorrhoea, bacillary dysentery and Malta fever.

The study of immunity reaction has not only provided us with tests which have simplified the diagnosis of many bacterial infections, but it has also led to some of the most brilliant and epoch-making advances in the prevention and treatment of human disease.

(To be concluded. Part I. appeared in the December number of "The Canadian Nurse.")

CORRECTION

The table of statistics of Red Cross Home Nursing classes in Canada, as published on page 745 of the December number of "The Canadian Nurse," should read:—

Canadian Red Cross Home Nursing Classes—January to June, 1924

| Province | Classes in operation June 30-'24 | Classes completed Jan.-June | No. of pupils in completed classes Jan.-June * |
|----------------------------|----------------------------------|-----------------------------|--|
| British Columbia | 0 | 14 | 260 |
| Alberta | 2 | 1 | 26 |
| Saskatchewan .. | 9 | 0 | 0 |
| Manitoba | 0 | 3 | 68 |
| Ontario | 24 | 62 | 709 |
| New Brunswick | 0 | 1 | 4 |
| Prince Edward Island | 0 | 2 | 26 |
| Total | 35 | 83 | 1,093 |

R. E. HAMILTON, R.N.

*75% Attendance.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
Miss EDITH RAYBIDE, General Hospital, Hamilton, Ont.

The Training of Nurses

(EDITOR'S NOTE:—The following article written by Herbert L. Eason, C.B., C.M.G., M.D., M.S., Superintendent, Guy's Hospital, London, was published in THE WORLD'S HEALTH, August, 1924. This article is a criticism of the Report on Nursing and Nursing Education in the United States, as prepared by the Committee appointed by the Rockefeller Foundation for the study of Nursing Education.

We are pleased to publish with Dr. Eason's article a letter written by Miss Jean E. Browne, President, Canadian Nurses' Association, to the Editor, THE WORLD'S HEALTH. Miss Browne's letter was published in the November number of THE WORLD'S HEALTH.)

THERE is something in the dry yet intoxicating atmosphere, both physical and mental, of the United States that stimulates the reforming spirit, which occupies itself not only with the States themselves but with other countries less favored both in climate and social conditions. With the aid of the vast sums of money provided by the Rockefeller Trust, its directors are able not only to carry on investigations and crusades in the New World, hitherto deemed impossible in the more lethargic Old World, but actually to extend their activities to all the quarters of the globe in the hope of making the whole universe a place fit for Americans to live in and to be satisfied with. Hence the Rockefeller Foundation is familiar to the well-informed of all countries as a patron of research, an organiser of investigations, and a munificent benefactor to those who may persuade the almoners of this great trust that their work is valuable.

For this reason any volume that appears before the world with the imprimatur of the Rockefeller Foundation is bound to be read and received with serious attention and anxious consideration. The report under review, dealing with the problem long familiar to the United States and England, and of pressing importance in other countries where the nursing of the sick is not yet highly organized, should be and will be read by everyone, in every country, who is interested in the development and progress of the profession of nursing.

But a word of warning must be uttered lest the recommendations of the Rockefeller Committee be taken as applicable to every hospital in every country, however primitive. The old parable as to the putting of new wine into old bottles is still apt, and there is a very great danger that the new wine of the Rockefeller Foundation may burst the bottles in many a country of Eastern or even Western Europe, if poured in too rapidly. With this warning let us review the main conclusions arrived at by the Committee.

PRELIMINARY EDUCATION

The Committee think it should be laid down as a general principle that every training school should require that all applicants for admission should have taken a full high school course of training; and it distresses them to note that there has been a striking decrease between 1914 and 1918 in the number of training schools in the United States requiring the full high school course before entrance. The percentage fell from 40.6 in 1911, to 28.1 in 1918.

It may be said at once that even in England it is impracticable to require a full high school course from every applicant. To do so would merely result in an insufficient supply of nurses. As nursing service in hospitals in England is still voluntary, one must take the best applicants one can get, and it is difficult to see how one is to obtain a higher standard of preliminary education except by the co-operation of high school head

mistresses, and by propaganda in schools in support of nursing as a profession. And head mistresses rightly say that it is difficult for them to help the hospitals to any appreciable extent as long as there is any considerable interval between the age for leaving school and the age for entering a hospital; for in this interval the girls pass out of the sphere of influence of the head mistress and take some other occupation or profession.

HOSPITAL TRAINING

The Committee is strongly opposed to the existing "apprenticeship" system of training nurses. It is stated that:

"Gradually it has become apparent that the old system is a slow and cumbrous method of education; that it often has not even the virtues of true apprenticeship wherein pupils work directly under the eye of a master. For in the hospital ward the immediate superior of the new student is the head nurse, responsible for the management of the ward unit, large or small, according to circumstances. Her duties are principally executive; as a teacher she is rarely equipped. With the best teaching equipment, she must in any case, after satisfying the imperative claims of ward management, have but the scantiest margin of time or attention available for the students. Often, indeed, she is herself a student learning administration, the practical running of a ward with its countless details as to supplies, assignment of nurses, household management, etc."

The remedy suggested is that the hospitals to which training schools are attached should be staffed almost entirely by trained women, and that the probationer nurses should enter the wards on much the same footing as medical students; to be taught, but not to do the work. And the trained nurses are to be relieved of most of their routine work by the introduction of a lower grade of nurse, or nursing worker, a child of Gibeon, who shall hew the wood and draw the water while the trained nurse does the really useful things.

The main objection of the Committee to the present system of nursing training is that it involves routine duties, and these are abhorrent to the Committee. They state:

"The probationers' time is as plainly misused as in excessive ward work when they spend weeks in making surgical dressings for the hospital which they could learn to make in a week, or waste months in the diet kitchen preparing salads for private patients, cooking in quantity for the wards, or cleaning vegetables. Such time is worse than wasted, for the unreasonableness and monotony of such assignments naturally tend to chill the beginner's enthusiasm and responsiveness to the first flush of interest in her new career."

One may say at once that cleaning vegetables and cooking for the wards is *not* done by the nurses in English hospitals, but by the kitchen or domestic staff, but there are many routine duties which must be carried out daily by nurses both while in training and in private practice; and routine is not only a valuable factor in education, but a most valuable assistance to intellectual development. One must be always thinking. In this connection it may be permissible to quote from Professor A. N. Whitehead, one of the most distinguished mathematicians and philosophers in England, who is shortly going to the University of Harvard as Professor of Philosophy:

"It is a profoundly erroneous truism, repeated by all copy books and by eminent people when they are making speeches, that we should cultivate the habit of thinking of what we are doing. The precise opposite is the case. Civilization advances by extending the number of important operations which we can perform without thinking of them. Operations of thought are like cavalry charges in a battle—they are strictly limited in number—they require fresh horses, and must only be made at decisive moments."

This is an admirable apology for routine as an educational factor.

Operations and services performed day after day throughout a period of three years become bone of one's bone, automatic but thoroughly accurate, reliable and unforgettable. To keep nurses learning new things every day without considerable intervals of routine will lead either to superficiality or mental breakdown.

LENGTH OF CURRICULUM

The curriculum is to be intensified and shortened by the reduction of the present three years to two. The Committee states:

"In our opinion the reduction of the

present three-years' course is of the first importance, both in order to aid in meeting the increased demands for nursing service of all kinds in all parts of the country, and to aid in recruiting students who may well hesitate to devote three years to a training to which they may be willing and able to give a shorter period of time. The three-years' course not only should be radically reduced by about one-fourth, but can, in our opinion, be so reduced to the advantage of training."

The curriculum suggested is given below:—

| CURRICULUM | | | |
|---|------------|-----------------|------------|
| Proposal for Preliminary Terms (15 weeks). | Total hrs. | Hours per week: | |
| SUBJECTS | | Lecture | Laboratory |
| Chemistry..... | 60 | 2 | 2 |
| Anatomy and Physiology..... | 90 | 2 | 4 |
| Bacteriology..... | 45 | 1 | 2 |
| Elementary Nursing (including Bandaging and Hospital Housekeeping) (1)..... | 90 | 2 | 4 |
| Personal Hygiene..... | 15 | 1 | -- |
| Dietetics and Cookery..... | 60 | 2 | 2 |
| Introduction to Social Aspects of Disease..... | 15 | 1 | -- |
| Drugs and Solutions..... | 15 | -- | 1 |
| | 390 | 11 | 15 |
| Proposal for the Division of Service. | | | Months |
| Medical, including Medical Wards, Communicable Diseases, Diet Kitchen (2)..... | | | 6 |
| Mental and Nervous..... | | | 2 |
| Surgical, including Surgical, Gynecological and Orthopaedic Wards, Operating Room or Accident Room (2)..... | | | 6 |
| Obstetrical..... | | | 3 |
| Pediatric (2)..... | | | 2 |
| Dispensary, including Medical Clinics, Surgical Clinics, Children's Clinics..... | | | 3 |
| Vacation..... | | | 2 |
| Proposal for Theoretical Instruction. | | | Hours |
| Nursing in Medical Diseases..... | | | 45 |
| Elementary Pathology..... | | | 15 |
| Materia Medica..... | | | 30 |
| Diet in Disease..... | | | 15 |
| Massage..... | | | 15 |
| Nursing in Surgical Diseases, including Gynecology..... | | | -- |
| Operating Room Technique, Orthopaedic Nursing..... | | | 45 |
| Nursing in special Diseases, Eye, Ear, Nose, Throat and Skin..... | | | 15 |
| Obstetrical Nursing..... | | | 30 |
| Nursing in Diseases of Infants and Children..... | | | 30 |
| Nursing in Communicable Diseases including Venereal, Tuberculosis..... | | | 45 |
| Nursing in Mental and Nervous Diseases..... | | | 45 |
| Applied Medicine and Public Health..... | | | 30 |
| Elementary Psychology..... | | | 30 |
| Social Aspects of Disease (supplementing preliminary course)..... | | | 15 |
| History of Nursing, including Ethics, Professional Problems..... | | | 45 |

450

Total: 2 years, 15 weeks.

(1) In addition to instruction in the preliminary term, additional hours in nursing procedures are planned for the summer term.

(2) In addition see under Dispensary.

On reading this through, I feel like the Harvard student, who, after one of his courses of intensive study, was asked what he thought about it: "Well, Doc" he said, "I feel just numb."

As a curriculum for a woman doctor it is inadequate; for a nurse it is excessive and superfluous. The Committee appears to look upon a nurse as a person to be trained to become a sort of doctor's assistant. This is not her function. Her duty is to carry out accurately the instructions of the doctor as to the nursing of the patient; it is not her duty to assist in treating the patient. The argument that she should be in a position to understand all that the doctor is doing and ordering is fallacious. To do so she would have to have a full medical education, and become a doctor herself.

A curriculum such as that outlined, though it looks well on paper, will fail in practice. What the nurse will be taught will be beyond her powers to absorb in the time allotted, and she will only get a dangerous smattering of many subjects which she cannot thoroughly grasp. It is far better that she should accept a more modest programme and learn it thoroughly.

I have read this important volume carefully through from cover to cover, but I must say that I am not as yet converted to the view that the apprenticeship system of training nurses is a failure. I have often taken American visitors over my hospital and answered their enquiries. I am always amazed at the apparent hopelessness of our methods as seen by their eyes, and at their despairing admission that after all we turn out in England a nurse who is second to none. As one responsible to some extent for the training of nurses in my own hospital I feel rather like the artist in *Don Quixote* who, being asked what he was painting, answered modestly: "That is as it may turn out." We do our best according to our lights, and must be judged by the result. And I do not think that everything lies in intensive courses and "quizz" classes.

I feel that in our hospitals we may to some extent resemble Oxford, as viewed by Professor Stephen Leacock:

"Oxford is a noble University. It has a great past. It is at present the greatest university in the world, and it is quite possible that it has a great future. Oxford trains scholars of the real type better than any other place in the world. Its methods are antiquated. It despises science. Its lectures are rotten. It has professors who never teach, and students who never learn. It has no order, no arrangement, no system. Its curriculum is unintelligible.' It has no president. It has no state legislature to tell it how to teach, and yet—it gets there. Whether we like it or not, Oxford gives something to its students, a life and mode of thought, which in America as yet we can emulate but not equal."

We in England are conservative, bound to some extent by tradition, influenced by atmosphere and antiquity, self-depreciatory and yet hard to move.

Are we right or are we wrong in our methods? I feel that the result, and not the theoretical curriculum, is the criterion by which we should be judged.

PROBATIONERS' ACCOMMODATION AND SOCIAL LIFE

There is no space in this short review to dilate upon the report of the Rockefeller Committee on this aspect of a nurse's training. One statement impressed me very much: "No Training School of the group studied has as yet provided single rooms for all its students." Privacy for a probationer is quite as desirable as 45 hours' instruction in Bacteriology.

It appears very doubtful if the recommendations of the Committee either as regards the shortening and intensifying of the curriculum or the provision of a lower grade of nurse will meet with the approval of the Medical and Nursing Profession in the United States. It is almost certain that they will not be approved in England. Nevertheless, the report of the Rockefeller Committee is such an important piece of investigation,

and such a stimulating document that, as has been said above, it should be read by everyone who is interested in the training of nurses in any country.

(To the Editor of "The World's Health")

Dear Sir:—It is not with the deliberate intention of trying to act the alleged part of Canada, that of "interpreter between England and the U.S.A.," that I am writing you regarding Dr. Eason's article in the August number of "The World's Health", but rather that this article constitutes a challenge to those who are interested in the training of nurses. In this instance, nevertheless, I believe it happens that the consensus of thought among Canadians within both the medical and nursing professions, might be said to be midway between the experiments recommended by the Rockefeller Report, and the training of nurses recommended by Dr. Eason.

In so far as the Rockefeller Report might appear to glorify nursing as a highly educated and self-sufficient profession without special regard to the service motive which has made it possible to recruit the finest type of women for nursing, we must take exception to it. That, in my opinion, is the great weakness of this document.

The appeal of service which nursing makes to the spiritual forces in a young woman is the deciding factor which draws her into the nursing profession rather than into some more lucrative and pleasing calling. Because this motive is strong, the nurse is able to perform lowly tasks for the sick, and to feel no hardship in a course of training which follows the "apprenticeship" method. She enters the training-school with a realization of the fact that her education as a nurse must take second place in a case of conflict between it and the care of the patients in the hospital.

On the other hand, we see no evidence of a realization of this powerful motive in Dr. Eason's thought. It would appear that his idea of a nurse is a thoroughly trained automaton whose only lode-star is obedience. It is a characteristic feature of the modern young women in this country, at least, that she does nothing blindly. She insists on thinking for herself. If she chooses nursing as her profession, she does not see any necessity for suspending her processes of thought. She believes that her intelligence is a gift to be used for humanity, and she uses it. She has no notion of trying to usurp the domain of the physician; that is, the diagnosis and treatment of disease, but she has great respect for her own part in the healing of the sick; that is, the expert administration of nursing care, accurate, intelligent and discriminating observation of the patient's condition, and the constant giving of her sympathetic understanding to inspire her patients with confidence and hope. Be very sure that this young woman does not consider she is working for the doctor. She has very definite ideas that she is working for sick people. She is endeavoring to give to the physician intelligent co-operation rather than blind obedience. If she has a disciplined mind, there will not be the slightest friction between her and the physician whose orders for the patient she is carrying out, provided that he, too, has a disciplined mind.

It is quite possible that the type of training Dr. Eason recommends would turn out good institutional machines, but I am wondering what would happen to the nurses who go out into the small towns and rural communities of Canada with this equipment. The nurse who had all initiative and resourcefulness trained out of her would find herself in a sorry plight when the nearest physician was anywhere from twenty-five to fifty miles distant, with the pos-

sible additional circumstances of bad roads and bad weather. It is a fact that work which defies criticism is being carried on in the Red Cross Nursing Outposts which are established in outlying, sparsely-settled rural communities in this country. The doctor calls when possible, but between his infrequent visits the nurse carries on. I think we may boldly claim that an alert mind is a prime requisite for such a nurse.

Nowadays, an enlightened public demands not only scientific care of the sick, but also the adoption of measures for preventing sickness. To promote the latter, we have simply to appropriate the discoveries of medical science. Fortunately, there are no mystic walls built up around these, and no "high priest" is necessary to deliver them. In the field of public health, it is hard to imagine the obedient automaton as a successful teacher of personal hygiene, because this is work which requires a resourceful and strong personality, backed up by an intelligent grasp of the subject.

One can perhaps sympathize with Dr. Eason's feeling of numbness on reading the curriculum outlined in the Rockefeller Report. To be sure, the curriculum of the student nurse has, for some years, provided opportunities for criticism, especially on the part of the medical and surgical staff of the hospitals. I think the way this criticism has been met and overcome in Toronto will bear telling.

In Toronto a centralized scheme of teaching student nurses was worked out during the war and has been in effect ever since. A Training School Committee, composed of the Superintendent of Nurses of each of the eleven schools, is responsible for the planning of the education of some eight hundred and fifty student nurses. This committee holds conferences with the members of the Faculty of Medicine of the University of Toronto and all the physicians and sur-

geons who assist with the teaching in the city training schools. These conferences provide an invaluable opportunity of studying the curriculum as a whole, and of making certain adjustments where there is evidence of overlapping. The careful study thus given to the curriculum, through the medium of these conferences, has corrected the impression formerly held by some of the members of the medical profession that the schools were endeavoring to give a poor course in medicine rather than a good course in nursing.

Rather big and useful things can be accomplished through intelligent co-operation.

JEAN E. BROWNE,
President, Canadian Nurses'
Association.

A new justification of the skyscraper is being put forth by Dr. Edward P. Davis, an American who headed the volunteer medical service corps during the war. He claims that the higher stories of skyscrapers are among the best of health resorts. "It is obvious," says the New York "Post" in commenting on this theory, "that in the upper strata of a city's atmosphere, pierced by the high buildings, there is more sunlight and the air is purer. Painstaking research has revealed that microbes seem to obey the zoning laws faithfully and diminish in numbers as they ascend toward the apex of one of the lofty pyramids of modern cities. One of the results of aviation will be the use of the rooftops, in a striking reversion to the Oriental custom that finds the whole cycle of existence lived at the summit of the house. The soaring shaft to be reared by the University of Pittsburgh or the thousand-foot edifice to be erected in Rome, is typical of an age that spurns the ground and seeks the sky for practical reasons and not merely in epic obedience to a spiritual impulse."

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Making the Country Safe for Children (Concluded)

TALIAFERRO CLARK, Surgeon, United States Health Service

Measures Applicable to Rural Conditions

It is not easy to say what form of child health supervision should be undertaken in a given rural district. Much will depend on the resources of the state or provincial boards of health and their ability to give assistance, the existence or otherwise of local boards of health and their efficiency, the size of the district, the density of the population, the average wealth, intelligence and education of the citizens, and the health problems most in need of attention.

To those speaking from the proficiencies of academic knowledge and with the wisdom of inexperience the task may appear simple, but there is no royal road to success in such districts. Methods and measures which give good results in cities, in incorporated towns, and even in thickly settled rural areas cannot be employed successfully for the scattered rural population. Our knowledge of the principles of maternal and infant hygiene is ample, but the personnel and facilities for the application of this knowledge are lacking. Prenatal clinics, child health centers, intensive school health supervision, and other similar measures of tested worth are possible and effective, as a rule, directly as the density of population.

(1) Prenatal and Infant Care

A study of the vital statistics, when these are available and reliable, will quite frequently indicate the line of attack in prenatal and infant care.

On comparing the rural and urban maternal death rates from puerperal causes, per 1,000 live births, in the birth registration area, as of 1921, it is

found that the percentage of maternal deaths in urban communities is greater than that in rural, both from puerperal septicemia and from other puerperal causes, the greatest being from puerperal septicemia. On the other hand, a rate of 3.4 from other puerperal causes as compared with 2.0 from puerperal septicemia in rural districts, emphasizes the importance not only of the employment of public health nurses and other measures to prevent infection, but also the provision of better obstetrical and lying-in facilities.

These indications are best met, in the writer's judgment, by a more extended public health nursing service rather than by the establishment of prenatal clinics and infant conferences, and by the provision of hospital facilities on a community or district basis, as is already being done in some of your provinces. The possibilities of improvement in rural health conditions through the maintenance of small hospitals in rural districts is receiving more and more attention.

(2) Pre-School Child

The health problems of the pre-school child largely centre around the prevention and correction of physical defects, protection against communicable diseases (including immunization), and the maintenance of proper nutrition. The pre-school programme in one of our predominantly rural states calls for districting the state with a state nurse in charge of each district, the employment of one or more nurses in each county, the utilization of volunteer aid and organizing groups of women in each town and precinct into permanent health

groups for house to house visits, organizing other groups of women to act as aids at conferences, and holding child conferences once each month at not less than four points in the county. Where the districts are large, the population scattered, the number of available trained workers limited, such a plan for child health conferences, while offering many possibilities for health instruction, should not be considered other than supplementing the work of the public health nurse in the home.

The success of child health conferences depends on the ability of the mothers to attend, and the regularity of their attendances. In many districts chief reliance must be placed on home visits by the public health nurse, and in others the pre-school work may with profit be linked up with school health supervision.

(3) School Health Supervision

Approximately 60 per cent. of the school children of the United States is enrolled in rural schools. Probably a comparable situation exists in Canada. The majority of these children are without any form of health supervision whatever. Not only is the need for such supervision very great, but also the work in this field is most valuable because it offers the readiest approach to the solution of many of the child health problems. One of the most striking examples of this value, with which the writer is acquainted, may be noted in one of the rural counties of Virginia, where child health supervision had its inception in school medical service furnished by the county health officer, assisted by a public health nurse. From this beginning the child health activities have extended to all forms of infant and child care, including dental prophylaxis and correction. In other words, the school became a centre of information and service from which the knowledge and appreciation of health values spread to the homes with fruitful results. School health service is frequently and probably the best beginn-

ing for rural child health work because of the close association of the school with the homes, and the need of teaching the rising generation the observance of proper health habits and the principles of personal and general hygiene. The schools offer special advantages in this respect because the representatives of so many families in attendance are thereby more accessible for examination and health instruction.

Unfortunately, health work in rural schools is confronted by two serious difficulties: (1) the lack of personnel for adequate medical inspection; and (2) the absence of facilities for correcting hampering physical defects.

The logical steps to be taken to make rural school work effective may be considered as: (a) the abolition of school districts and the establishment of larger school administrative units such as on a county basis; (b) the consolidation of rural schools which will do away with the generally unhygienic one- and two-room schools, and cause large numbers of children to assemble in buildings constructed in accordance with the more recent knowledge of school sanitation, and where it will be possible, and certainly more economical, to maintain effective health supervision; and (c) the organization of full-time county or district health units for all forms of health work, including school health supervision.

At present, and probably for a long time to come, the only form of school health supervision possible in most of the outlying districts will be that furnished by the public health nurse. The limits of this paper will not permit the outline in detail of the work of the public health nurse in this particular field. However, the duties and responsibilities of the school nurse have been described by the writer in a paper published in the "Weekly Health Reports," September 8, 1922. Reprints of this paper may be had on application to the Surgeon General, United States Public Health Service, Washington, D.C.

Securing the correction of physical defects is the most difficult of all the problems confronting the rural school health worker. These difficulties may be solved, in part, by the establishment of small hospitals in rural districts, as mentioned elsewhere in this paper, by subsidizing medical service in sparsely settled districts at state expense, and by organizing mobile dental, refraction, and ear, nose and throat clinics—a procedure now being carried out with signal success by the North Carolina State Board of Health, and elsewhere, on a less extensive scale by some of the volunteer agencies.

In conclusion, it is well to emphasize that for the present the well trained public health nurse must be considered the principal factor in child welfare and health work in a large number of rural districts. Whether she shall be qualified by training and experience for special forms of child health work or fitted by broad instruction for general public health nursing service has been the subject of anxious inquiry. In the writer's opinion the average rural community is no proper field for specialized public

health nursing. The instruction given at recognized nurses' training schools, both in the United States and Canada, when supplemented by a public health nursing course or practical experience in the field, should be ample to qualify the right sort of nurse for effective child health supervision in these areas.

Working from the school as a centre, giving part-time bedside care and instruction in needed cases, instructing the mother in prenatal care and the importance of prophylactic treatment of infants' eyes to prevent blindness, impressing her with the value of birth registration, and the necessity for breast feeding, familiarizing her with the selection and preparation of foods for older infants and pre-school children and maintaining some degree of school health supervision is the broad programme for the successful rural nurse. Training will acquaint her with the fundamental principles of her work. No one can tell her in advance how to apply them to a given community. Only experience, knowledge of community needs, native intelligence and adaptability will enable her to solve the problems confronting her.

Notes on Current Literature of Interest to Public Health Nurses

Child Welfare

Part 3—Care in Selected Urban and Rural Communities. (Children's Bureau, Washington, D.C.)

Report of Standards of Care for Convalescent Children: Kahn. (Sturgis Research Fund of the Burke Foundation, New York.)

"Outline of Standards and Methods," for a Child Welfare Programme. (New York Diet Kitchen Association.)

The Pre-school Child from the Standpoint of Public Hygiene and Education: A. Gessell, Ph.D., M.D.

Child Placing in Families: Slingerland. (Russell Sage Foundation.)

Mothercraft

The Mothercraft Manual: Reade.

The Healthy Baby: Dennett, M.D. (The Macmillan Company.)

My Little Child's Health. (The American Child Health Association—10c.)

Health Education

A Programme for Public Schools and Teachers.

Training Institutions—A Report on Health Education published by the Joint Committee on Health Problems in Education of the National Educational Association, and the American Medical Association. May be obtained from—Dr. Thomas D. Wood, 525 W. 120th Street, New York City—50c.

Medical and Sanitary Inspection of Schools—revised: Dr. Newmayer—\$4.00.

My Health Book—by the American Child Health Association, 370 7th Avenue, New York—10c.

P.H. Nursing

Sanitation for Public Health Nurses: Hill.

Public Health Nursing: Gardener.

Community Health

Social Pathology. (Division of Venereal Diseases, Surgeon-General, U.S. Public Health Service, Washington, D.C.)

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal

Beauty and Nursing

It is not an unusual thing when considering a profession, mode of life, or a condition, to connect it with some ideal. In times of war and battle we cannot think of warfare as separated from bravery or terror. If we consider law, we connect it with justice. A religious life is closely allied to sacrifice. Then there is the "Nursing Profession," which, we are told by several writers, deals with practical actions and ideas. This thought of the **practical** permeates almost every essay on the subject, until we finally reach the stage when we cannot think of nursing without associating it with practical things. This frequently leads one to believe that the ultimate end is attained when we reach the most practical way of carrying on our profession. Now, necessary as this spirit is, it does not satisfy us: it is cold and does not stimulate the imagination. We who are interested feel that there is an ideal which is more fitting. This ideal brings before us the beautiful in life and may be termed "beauty."

Beauty as an ideal does not dispense with the practical, but involves it. Mathew Adams has shown very clearly that one of the essential constituents of beauty is order. On the other hand, practical acts are connected with order. Hence beauty and the practical have a common relative in their attainment. We shall endeavor to show that order and practical ways tend to produce beauty whenever they are brought into play. Truly beautiful things, however, are

not brought to light by these two factors alone, as we shall see later.

Let us see what the ideal beauty really means and how it affects us. It has two sides, namely, the material and the intellectual. Materially, it appeals to our senses of sight and hearing. This is demonstrated by a large ward at inspection time as compared to the aspect that meets the human eye on "house cleaning day," let us say. At the inspection hour the beds are smooth and in order—like so many soldiers standing on guard. The patients are reclining on soft snowy pillows; chairs and bed-side tables all have their place in the symmetry of the ward. The patients, because they feel more comfortable, are more cheerful. In fact, a pleasing sight meets the eye, and pleasant sounds float gently to the ear, causing us to realize that beauty is again reigning.

There is not a nurse who has not noticed the contrast between a child from the streets and that same child in a week's time. The poor little fellow has grimy hands and face. His hair is matted and torn, so that even the color is lost. His dirty little toes are peeping through shoes that have lost all shape. His suit is ragged and worn: in short, he is a ragamuffin. This is the condition in which he has been found by the nurse. She has been taught how to deal with such cases. The usual orders and regulations of the standard hospital are brought into play. The

little fellow is cleaned outside and in. He is given proper food and rest, and in less than a week the nurse has something to show for her work. She feels a sense of satisfaction when she sees a visitor pause at the child's bed and hears the remark, "What a beautiful boy!"

We have spoken of the material side. Now let us consider for a moment the other.

Beauty appeals to the moral and intellectual senses as well. If it did not it could not be a fitting ideal. John Keats tells us that:

"A thing of beauty is a joy forever,
Its loveliness increases: it will never
Pass into nothingness."

Beauty, then, is something everlasting and eternal. When we speak of eternal things we are treading on divine ground. We have reached the highest possible state.

Divine Beauty and Divine Love are very closely connected. They go hand-in-hand through the corridors of life. Whenever an act is performed by love its expression is found in beauty. Love, then, is the other great factor necessary to bring out true beauty.

John Ruskin has given us some thoughts that bear out the above. In his "Description of Nature," from "Modern Painters," he brings before us the link between earth and man. He relates how God, by His love, has made daily preparation of the earth for man, with a beautiful means of life. This, surely, is very fitting in our profession. If we could only realize that our daily tasks are instituted by love—no matter what they are—there is always a beautiful means of performing them; then, we should find great success in life.

The hospital ward is always on hand to furnish us with illustrations,

for in it are to be found the comedies and dramas of the world.

An old man of about seventy winters has just been picked up on the street. For a couple of years he has been "ailing," both in body and in mind. The neighbors have ceased to notice him, since he lost his friendly smile. He is a lonely old man without any family and no one to look after him. The "weak turn" was really a blessing for it caused a passer-by to notify the "proper authorities." The hospital is all very strange and unusual to him. At first he does not realize, nor does he bother to inquire, where he is. A sense of comfort comes to him and he falls into a peaceful slumber. A little later a kind voice inquires about his welfare and a gentle hand is placed on his brow. The little man is thrilled by a sense of some one interested in him and he responds to the touch of love.

Several weeks pass by and the white-haired man has bloomed under the wing of love. He once more takes an interest in life and becomes again a person everyone delights in meeting. His soul was not touched by mechanical means, but by the influence of love. For him the earth is again beautiful, and this is radiated in his countenance. Hope has come to him and he dreams of Everlasting Beauty.

Order, practical ideas, and love working together produce a beauty whose field is infinite. This thought is very necessary for a nurse, for with it she is able to aspire to something higher. If the material side seems empty or monotonous there is always the mystic land of the intellectual world to wander in. There ideals are truly beautiful and fraught with all our hopes.

I. E. SIMPSON,
Victoria General Hospital,
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Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

Reminiscences of Service

It is requested that under this heading short incidents and anecdotes will be contributed by ex-nursing sisters. Material may be sent

either to the Provincial representative or direct to 410 Sherbourne Street, Toronto, Ontario.

A Memory—1915

It was midnight on the "Kildonna Castle" in October, 1915, and seventeen nursing sisters, a few medical officers and orderlies and the ship's crew, en route for Gallipoli, were silently pushing their way through the black waters of the Mediterranean.

No one thought of sleeping—each kept watch with those at the helm as they peered into the darkness and scanned the depths for they knew not what. Ugly rumors of mines and submarines filled their thoughts, and tales of other boats sunk and hidden haunted their memories. A cool breeze blew up and extra coats and sweaters were added under the cumbersome life belts and other "impedimenta" worn by all. Can history ever do justice to those captains

and their staff who night after night bore this suspense, guiding their ship through unfamiliar ways bent on reaching some distant port by daybreak? Such heroes, unproclaimed and unobserved, have made history.

In the distance was heard the sound of guns, the roar of cannons rent the air and shook the ship, seeming to lift it for a moment into space to hurl it back again as it sped through the water. It was a never-to-be-forgotten night; a holy night when no one thought of self or selfishness, but looked eagerly for the morn when those on shore, sick and suffering, could be brought on board and tended and the weary given food and rest.

Biographies—A Suggestion

A timely suggestion has been made by one of our returned nursing sisters, who proposes "that we devote a certain portion of our C.A.M.N. Section each month to the biographies of those of our comrades who lost their lives during the world war and of those who have directed the policy of Army nursing since its inauguration." It is with deep appreciation that we acknowledge this

suggestion and we will endeavor to start a series of short articles next month.

It is most fitting that in the History of Canadian Nursing, the lives of those who have been prominent in directing the care of the sick in times of war should hold a significant place. The life of the first Army Nurse, the founder of our profession—Florence Nightingale—is known to

us all. The traditions of Army Nursing date from the time of the Crimean war in 1853. Previous to this date it has been stated that the arrangements for taking care of the victims of war were most inadequate. The Crimean campaign was the first war to be fought under the searchlight of newspaper publicity and all Europe was informed of the existing conditions. It was at this time that the British Secretary for War made arrangements for sending Florence Nightingale and twenty-eight nurses to bring about a better state of things. Florence Nightingale was a woman gifted with deep sympathy and high intelligence. All her life she had wished to devote her natural abilities—and later on her trained abilities—to the proper care of the sick and suffering. For this work she had qualified herself, and here was her opportunity. She brought order out of confusion, earned the fervent gratitude of the wounded and of their relatives at home and set for all subsequent times a high standard of personal service in the care of the sick and wounded in war. It is to such nobility of purpose and upon such a code of honor that the ethics of Army Nursing in Canada are founded.

BRITISH COLUMBIA

A very enjoyable re-union was held by the Nursing Sisters' Club of British Columbia on Armistice Eve. Sixty-three nursing sisters met at dinner. The tables were attractively decorated with poppies and chrysanthemums; the place cards with original verse and limericks caused much amusement. The toast list was as follows:—"The King," "O Canada." "Our Club"—Proposed by Miss Pauline Rose; response, The President, Miss J. Matheson. "The Matron-in-Chief"—Proposed by Mrs. Clayton; response, Mrs. J. B. Rose. "The C.A.M.C."—Proposed by Mrs. Shepperd; response, Miss Jane Johnston. "Our M.O.'s"—Proposed by Mrs. Heyer; response, Mrs. MacDonald. Old-time favorite war songs were sung between courses and an informal dance followed the dinner. A number of outside guests came up from Victoria and other points on the Mainland and Vancouver Island. After dinner friends came in to join in the dancing, which was indulged in until midnight.

On Armistice Day at 11 o'clock a cross was placed on the Cenotaph by Miss B. MacNair, representing the Nursing Sisters.

News Notes

Matron M. M. Goodeve, R.R.C., has recently taken a refresher course at Sloane Maternity Hospital, New York. Immediately she was offered, and accepted, an important appointment on the staff.

Matron J. M. Macdonald, R.R.C., is at present on the nursing staff of the Cowdray British Hospital, Mexico City.

The Montreal Canadian Overseas Nurses' Association held their annual At Home in the reception rooms of the nurses' residence of the Royal Victoria Hospital. The guests were received by Nursing-Sisters Wattling, Upton and Enright. After bridge and Mah Jong, refreshments were served. About

seventy nurses were present and spent a very pleasant evening.

Miss Lillian Pidgeon, R.R.C., has resigned her position at the Royal Victoria Hospital and after a short holiday will go to Nassau Hospital, Mineola, as Assistant Superintendent.

Miss V. E. Sampson has resigned her position as Matron of the Red Cross Lodge, Montreal.

Miss M. Patterson, who has been in charge of the operating room, Vancouver General Hospital, has returned to Montreal, to the Royal Victoria Hospital as nurse in charge of the Main Operating Room.

News Notes

ALBERTA EDMONTON

On Saturday evening, December 17th, the spacious reception rooms of the Nurses' Home were alive with light and merriment, when the members of the school and their friends were entertained at a Christmas Dance. Miss Guernsey, Superintendent of Nurses, received the guests. Christmas trees and bunting, together with the strains of the all important orchestra, completed the success of a most enjoyable event.

On the evening of December 1st, 1924, the members of the first class of students taking the Bachelor of Science in Nursing course at the University of Alberta Hospital, having completed their preliminary course, received their caps and were formally accepted by the Council of the School of Nursing.

The annual formal reception given by Miss McCammon and members of the School of Nursing was held at the University of Alberta Hospital on December 26th, 1924.

Miss A. E. Little, Assistant Superintendent of Nurses at the University of Albert Hospital, is at present enjoying her vacation in Eastern Canada.

SASKATCHEWAN

The Saskatoon Graduate Nurses' Association held its regular monthly meeting on Monday, January 5th, 1925, in the St. Paul Hospital Nurses' Home. Following the business meeting, Mr. Claude E. Lewis gave an address on "Personal Impressions of Oxford". Refreshments were served by the Sisters.

The Saskatoon Nurses' Association gave a Christmas Tree and supper at the Y.W.C.A. on December 23rd to twenty-five children of the Day Nursery, accompanied by their mothers and members of the Day Nursery staff. Every member of the Association lent able assistance in making this a most successful affair.

Miss Elizabeth H. Stirling, Reg. N., Superintendent of the General Hospital, Weyburn, resigned her position, her resignation taking effect on the first of the

New Year. Miss Stirling visited friends in Weyburn for a few days before her marriage, which took place early in the New Year.

Miss Beatrice M. Auld has been appointed Superintendent of the Weyburn General Hospital. Miss Auld is a Graduate of the Weyburn General Hospital, and was for a number of years the Superintendent of the Union Hospital, Rosetown, Saskatchewan.

Mr. and Mrs. Arthur Freeman (nee Jessie M. Macleod) were recent visitors in Regina, on their way to Eastern Canada where they will visit for a few weeks before taking up their new home in Hollywood.

ONTARIO Thunder Bay G.N.A.

The monthly meeting of the Thunder Bay Graduate Nurses' Association was held at the Nurses' Home of the Port Arthur General Hospital on Thursday, January 8th, when a large attendance heard an able lecture on "Tuberculosis" by Dr. J. I. Pratt, of Port Arthur. At its close the Doctor gave a most interesting talk on his recent visit to Europe. Songs were beautifully rendered by Mrs. Kioby. The serving of dainty refreshments concluded the meeting.

TORONTO

Toronto General Hospital A.A.

The annual meeting of the Social Service Association of the hospital was held on January 13th, at "Holwood," Queen's Park, the residence of Sir Joseph and Lady Flavelle. In her remarks Mrs. F. Y. McEachren, President of the Association, paid generous tributes to Miss Gunn and the department, with Miss Knisely as head worker; to the Federation for community service for the financial assistance given annually; and to private citizens who give their time and money to help in the work. Miss Knisely in her report showed that the past year had been one of genuine accomplishment. The conveners of the various committees gave their reports, and Mrs. W. B. Hendry, Treasurer of the Association, presented a very gratifying financial statement. An interesting address was

given by Miss Lena R. Waters, of Chicago, Secretary of the American Association of Hospital Social Workers, with which Eastern Canada is affiliated. Preceding the meeting Mrs. Harold F. Ritchie (Miss Berba Brydon, 1907) entertained at the King Edward in honour of Miss Waters. The guests included the Executive of the Association, Miss Locke, Miss Russell, and Miss Tupper, of New York.

Through the generosity of Mrs. D. A. Dunlop, who sent a Christmas cheque to the nurses of the hospital, Miss Gunn arranged a dance and bridge party for the school on December 30th, which was enjoyed by all—graduates, student nurses and their friends.

Miss Elsie Bain (T.G.H., 1920) has been appointed Treasurer with Miss Eva Christie in place of Miss Dorothy Galilee, who resigned in December.

Miss Jean Gillis (1921) has gone to New York, where she intends to do private duty nursing.

The Misses Helen Hill, Meta Greutzner and Lois Smith (1923) have left for New York to do institutional work in the New York Hospital.

Miss Jean Young (1924) is in charge of Ward "D" of the Toronto General Hospital.

Western Hospital A.A.

The annual Christmas tree and supper given by the hospital in connection with the Out-Patients' Department was enjoyed by one hundred and fifty children. After disposal of the articles on the Christmas tree by Santa Claus, carols were sung by the children.

Miss Floyd and Miss Stevenson (1914) have gone to New York to do private nursing.

Miss Laura McDougall (1918) has taken charge of the private wards, succeeding Miss Floyd.

Miss Hewitt (1924) has taken charge of one of the private floors.

Miss Opal Hill (1918) has resigned her position as supervisor of private wards.

Miss Margaret Johnston (1920) has resigned her position in the Outdoor Department and is leaving for Calgary, where she has accepted a position in Social Service work.

At the monthly meeting of the Alumnae Association, Miss Mary Thomas was appointed to act on the visiting committee, in place of Miss Floyd, and Miss Lowe as the representative to "The Canadian Nurse."

The new "Alexandra" Obstetrical Wing was formally opened on the evening of December 30th. After the reception an enjoyable dance was held in the Auditorium.

Hospital for Sick Children A.A.

Miss Alice Grindlay (1914) is in charge of the Children's Ward, Montreal General Hospital.

Miss Gertrude Spanner (1914) is instructor of nurses at the new Civic Hospital, Ottawa.

Miss Esther Beith (1914), who until this autumn was Director of Infant and Child Welfare work in the Public Health Department, Toronto, is now stationed in Halifax as Director of the Child Welfare work in connection with Dalhousie University.

Miss Mamie Dennison (1917) is Assistant Superintendent of Nurses at the Victoria Hospital, London, Ont.

Miss Sue Smythe (1916) has left for Montreal, having accepted the position of Assistant Superintendent in the Shriners' Hospital for Crippled Children.

Miss Marjorie Ferguson (1918) has been in Pasadena, California, for the last year doing private duty.

Miss Marion Ruddick (1915) has returned from London (Eng.) and is at present in Ottawa.

Miss Elliott (1919) is at present Night Supervisor at the Hospital for Sick Children, Toronto.

LONDON

A.A. Victoria Hospital Training School for Nurses

A very large number of the members of the Victoria Hospital A.A. attended the January meeting (a social evening) held at the Nurses' Residence. A short, encouraging and optimistic address was delivered by the President, Miss Agnes Malloch. The presence of Miss Grace Fairley, Honorary President, Superintendent of Nurses, and members of the graduating

class 1925, added to the pleasure of the evening. Much merriment was created by the participation of all present in a delightfully original programme, arranged and directed by Mrs. Pearl Allison, ably assisted by an enthusiastic committee. Several prizes were awarded individuals and groups for various unique contests requiring rare mental, physical and mas-ticating abilities. Competition was keen. Piano selections were artistically rendered by Miss Della Foster, who also played "Oh Canada" as an accompaniment to the marches of the nurses, "Ancient and modern." A thoroughly enjoyable evening was concluded by the serving of light refreshments.

Miss A. E. McKenzie is Office Nurse with the Drs. Harkins, of London, Ontario.

SARNIA

A.A. Sarnia, General Hospital

The General Hospital graduation exercises were held in the auditorium of the Technical School on Friday evening, October 24th, 1924, when the following five nurses received their diplomas: S. Laugher, D. Shaw, V. Lavern, J. Watson, B. Eastman. After the exercises a reception was held in the gymnasium. On October 24th, 1924, the Alumnae entertained the graduating class at a dinner given at the Patricia Cafe, when thirty members of the Alumnae were present.

On November 11th, 1924, the Alumnae gave a dance in the town hall, which was prettily decorated for the occasion with flags, autumn leaves, balloons, etc. A most enjoyable evening was spent by all those present.

In October, Miss Scott, honorary president, returned from a delightful three months' trip abroad.

Miss C. Johnson and Miss I. Sutherland, S.G.H. graduates, have left on an extended trip to Florida.

Miss R. Wade (S.G.H. 1923) has accepted a position in McKellar Hospital, Fort William.

The Alumnae Association meets in the classroom, Nurses' Home, George Street, on the second Monday of each month.

BRANTFORD

A.A. Brantford General Hospital

The Brantford General Hospital Alumnae Association held their annual bazaar on Wednesday, November 26th, 1924, at Grace Church Parish Hall. The attendance was fair and about one hundred dollars taken in. Miss Bartley was in charge of the tea room with Miss Ford and Miss McKee pouring tea and coffee. Mrs. Millard had charge of the fancy work booth, Mrs. McHardy the home made candy, and Miss Hough was in charge of the dancing.

BELLEVILLE

A.A. Belleville General Hospital

Miss Bessie Allen (B.G.H. 1922) has accepted the position of Matron in charge of the Isolation Hospital, Belleville, Ontario.

Miss Flossie Hannah (B.G.H. 1923) and Miss Kathleen Barker (B.G.H. 1924) have accepted positions at the Midlowan Hospital, New York City.

Miss Anne Seeney (B.G.H. 1923) is on the staff at Grassland Hospital, New York City.

Miss Bertha Goodwin and Miss Sadie Brockbank (both B.G.H. 1924) have accepted positions at the Alexandra Hospital, Montreal.

HAMILTON

St. Joseph's Hospital A.A.

After the mid-night carols had ceased and Santa had taken his departure, the hospital corridors and wards relapsed into profound silence until the glad bells announced the time for mid-night Mass.

Three Masses were celebrated by Rev. Father McHugh, who having wished the congregation the joys and blessings of the holy season afforded the sick the consolation of distributing to them the Bread of Life.

During the day the Hospital was the scene of real merriment as patients received their visitors in a steady concourse. The greatest pleasure of the day was a visit from His Lordship the Rt. Rev. J. T. McNally D.D., whose presence in the hospital brought joy and gladness to those who were privileged to meet him. The Sisters thank all who contributed to allay

the sufferings and increase the happiness of those who were unable to spend Christmas with the dear ones at home.

Miss B. Kelly (St. J.H. 1924) has been appointed Day Supervisor, Floor "C", St. Joseph's Hospital, Hamilton.

Miss M. Kennedy (St. J.H. 1924) has been appointed Night Supervisor at the Maternity Hospital "Casa Maria."

The senior class in training at St. Joseph's were guests of the Alumnae recently at a delightful sleigh ride. Two "sleighfuls" of nurses participated in the ride and later partook of refreshments at a downtown cafe. Mrs. Arthur Kelly was in charge of the party.

QUEBEC MONTREAL

The General Hospital A.A.

The 1925 class, M.G.H., are editing the first "Year Book" of the training school.

Miss Birkett Clark has taken charge of the Fisher Memorial Hospital, Woodstock, N.B.

Misses Christina Mackay (1922) and Ida B. Merkley (1919) have accepted positions on the staff of Lockport Hospital, Lockport, New York.

A number of our members have been patients at the M.G.H. in the last month or so.

Miss Isabella J. Brown (1923) has given up private nursing to enter the ranks of V.O.N., in Montreal.

Miss Nellie Tuck (1912) and Kathleen Faulkner (1920) have accepted positions on the staff of the Margaret Hungerford Hospital, Torrington, Conn.

Mrs. (Dr.) Stewart Ramsay (nee Joliette Pelletier, class 1914) of 248 Mountain Street, Montreal, was At Home to the members of the Overseas Nurses' Club of Montreal, recently.

The sympathy of the members of the alumnae goes out to Mrs. Dorion (nee Janet T. Rothwell) in the sudden death of her husband (Dr. Dorion), and to Miss Helen Tracey in the loss of her mother, who passed away at Montreal General Hospital recently.

Miss A. M. Becksted has been called away to Schenectady, New York, to attend a sister who is very ill.

At the annual meeting of the Montreal Graduate Nurses' Association the following M.G.H. graduates were elected to office: Misses S. E. Young, Janet Brown, Amy des Brisay, L. Parker, E. Howard, E. Cowen, Agnes Jamieson, C. Watling, C. Barrett and B. Willett.

One of the most enjoyable dances ever held at the Montreal General Hospital was that given recently by Miss S. E. Young, lady superintendent, and the members of the hospital for the nursing staff. About three hundred guests were present, including several governors of the hospital and many prominent members of the medical staff. Dancing was carried on from nine o'clock until after midnight in the nurses dining room on the sixth floor, which was attractively decorated with holly, ferns, red flowers and berries.

Miss Young received the guests, assisted by Miss J. Craig, lady superintendent of the Western Division of the Montreal General, and Miss F. E. Strumm, assistant to Miss Young.

The M.G.H. A.A. held their 18th annual meeting on the evening of Friday, January 9th, and gave a good report of progress made in 1924. Officers were elected for the ensuing year and the principal item of business was a decision to hold themselves responsible for a scholarship to McGill this year.

A.A. Royal Victoria Hospital

At the annual meeting of the Alumnae Association held on January 7th, officers were elected for the ensuing year.

The annual dance given by Sir Vincent Meredith for the nurses and staff of the Royal Victoria Hospital was held at the Ritz Carlton Hotel on Monday evening, January 19th, when about four hundred guests were present.

Many R.V.H. graduates will hear with regret of the sudden death on December 24th, 1924, of the Reverend Father McCarthy, for many years R.C. Chaplain at the hospital.

Dr. Harry Pavey, a member of the medical staff, also passed away suddenly on January 2nd, 1925.

V. O. N.

The Executive Council of the Victorian Order of Nurses for Canada met in Toronto, November 17th, in the Assembly Hall of the Gage Institute, and the following members were present: Mr. C. A. Magrath, President, Ottawa; Honorable Mr. Charlton, Honorary Vice-President, Toronto; Mrs. R. W. Reford; Miss Muriel Galt and Mrs. H. S. Birkett, Montreal; Mrs. J. B. Fraser and Miss E. Smellie, Chief Superintendent, Ottawa; Mrs. A. J. Arthurs, Mr. H. H. Love, General Fotheringham, Mr. Capreol and Mr. Hewitt, Toronto, and Dr. H. W. Hill, London.

On November 18th some members of the Executive Council—Mr. Magrath, Mrs. R. W. Reford, Miss Galt, and Miss Smellie—met the members of the Hamilton local association and representatives from the local association of St. Catharines—Miss Newman and Miss Stevens—and from Dundas, Mrs. Grafton. The meeting was conducted at the Victorian Order Centre, 29 Augusta Street, Hamilton.

During the month of November a very flourishing Well Baby Clinic was organized, and is being conducted under the direction of the Victorian Order nurse, Miss Leila Wilson. The clinic is making very encouraging progress, and is well supported by the people of Arnprior.

Miss Mary Ririe, nurse in charge of the Victorian Order district of Huntsville, Ontario, reports the commencement of Home Nursing classes, and a Girl's Health League.

Miss Mary L. Boswell, Supervisor, is making a survey of the Victorian Order work in Western Canada, having spent some time in Winnipeg, Saskatoon, Edmonton, Calgary, and is now enroute for British Columbia.

Miss Smellie, Chief Superintendent, visited the local Associations V.O.N., of Cornwall, Guelph, Whitby, Hamilton and Toronto during the month of November. Miss Mary Stevenson, Central Supervisor, has reported upon the following districts supervised: Mimico, London, Dundas, Trenton, Huntsville, Woodstock, St. Catharines and Belleville, in Ontario.

The nurses of the Ottawa Local Association have organized a Nurses' Conference which meets monthly. At the November meeting a most profitable discussion of the problems relating to the Ottawa district was conducted, Mrs. Campbell, V.O.N. nurse, presiding, and a paper on social work was given by Miss Lambert.

A very successful tonsil and adenoid clinic at which the V.O. nurse, Miss Dell Lester, was in attendance was held in Digby, N.S. Later in the month the graduating exercises of the Mothercraft classes were held at the Academy, Dr. Read, President, V.O.N., making the presentation of diplomas.

Having found the national conference of Victorian Order nurses held in Ottawa in September very helpful, the nurses from Hamilton, Galt, Preston, Kitchener and Waterloo have been meeting monthly. The nurses find these conferences very helpful and interesting.

Miss Rose C. Nye has been transferred from the staff of the Winnipeg local Association to the district of Pembroke, Ontario.

Miss Anne McKittrick, who took the Summer course in Public Health Nursing at the University of California, Berkley, is doing special clinic work in connection with the Victorian Order activities of Calgary.

Miss Ethel Graham has given up her work on the Montreal District to take over hospital duty in the Labrador, and Miss Anne McLeod, who took the Summer course at Columbia University, New York City, has been appointed to the vacancy, Supervisor on the district of Greater Montreal.

Miss Mabel Hartling, formerly of the St. John, N.B. staff has been appointed in charge of the V.O.N. district in Whitby, Ontario, and Miss Grace Bain, formerly in charge of Whitby has been awarded a V.O.N. Scholarship and is taking the course in Public Health Nursing at Toronto University, 1924-25.

Miss Donalds Lanctot reports a new development in the nursing activities at Ste. Anne de Bellevue by assisting the doctor in making his examinations of the day scholars attending MacDonald College.

*The Hospital in Relation to the Health Department

(Continued from page 72)

hospital is also a centre from which knowledge as to proper pre-natal and infant care comes for the health department to apply, and should be recognized as a co-operating agent in any plant of public health work.

The first active co-operation or linking up of the hospitals with the health department activities in Toronto dates from the appointment of Dr. Charles J. Hastings, Medical Officer of Health, in the fall of 1910, and in order to show the results achieved since then, the following statistics are submitted:

General Mortality Rate

1910 death rate, 15.1 per 1,000 population
1923 death rate, 11.4 per 1,000 population

This means that more than 2,000 less people died in Toronto in 1923 than would have died if the 1910 rate had been maintained.

Typhoid Fever Deaths

1910 death rate, 44.2 per 100,000 population
1923 death rate, 2.4 per 100,000 population

Tuberculosis Deaths

1910 death rate, 130 per 100,000 population
1923 death rate, 65 per 100,000 population

Infant Mortality Under One Year

1910 death rate, 139.2 per 1,000 births
1923 death rate, 63.0 per 1,000 births

This means that in 1923 some thousand less babies died than would have died had the 1910 rate remained.

Mr. President, these are but a few of the results that statistics show as having been obtained in Toronto during the regime of Dr. Hastings, with the helpful co-operation of the hospitals.

I leave them with you this morning, confident in the belief that if the hospitals and the Health Department only continue to play their part toward the building up of a better and a fitter race, then out of the troubles and difficulties of today, there will come a new day—a better social order and a nobler civilization.

*(Read before the American Hospital Association, Buffalo, N.Y., October 8th, 1924.)

BIRTHS

THOM—On July 10th, 1924, at Toronto, to Mr. and Mrs. Cecil Thom (Dot Mears, H.S.C., Toronto, 1921), a son.

GLASSCO—On Christmas morning, 1924, at Alhambra Hospital, Alhambra, California, to Mr. and Mrs. Lawrence H. Glassco (nee Ada Egan, St. Joseph's Hospital, Hamilton, 1915), a daughter (Matilda Florence). Both doing well.

MACRAE—On December 24th, 1924, at Badeck, Cape Breton, to Dr. and Mrs. William MacRae (Nan Hart, R.V.H., Montreal, 1922).

SPICER—At Canning, N.S., to Dr. and Mrs. Stanley W. Spicer (Irene Thompson, G.H., Halifax, 1915), No. 7 Canadian Stationary Hospital, Dalhousie Unit, a son (Stanley Thompson).

RODGERS—On December 13th, at 61 Dufferin Street, Toronto, to Mr. and Mrs. C. E. Rodgers (Miss Helen Skey, T.G.H., 1922), a son (Charles Lawrence).

SHANKS—To Mr. and Mrs. Harrison Shanks (C. I. Rogers, Sarnia G.H., 1914), a daughter (Betty Joan).

KERR—To Mr. and Mrs. Sam Kerr (Liddy Pressy, Sarnia G.H., 1919), a daughter.

MATSON—In August, 1924, at General Hospital, Brantford, to Mr. and Mrs. Matson (Iyla Stewart, B.G.H., 1920), a son.

HEWITT—To Mr. and Mrs. T. Hewitt (Beatrice Jennings, B.G.H., 1919), a daughter.

SILLS—On November 29th, 1924, at Windsor Hospital, Windsor, Ont., to Mr. and Mrs. Clare Silles (Helen Wyatt, Belleville G.H., 1922), a son.

MARRIAGES

MORTON—ANDREW — On December 22nd, 1924, at Regina, Christina J. Andrew (Regina General Hospital, 1919) to Harry Morton, of Lumsden, Sask.

FREEMAN—McLEOD — On December 11th, 1924, at Los Angeles, California, Jessie M. McLeod (Medicine Hat General Hospital, 1907) to Arthur Freeman, of Hollywood, Calif.

MITCHELL—STIRLING — On January 7th, 1925, at Weyburn, Elizabeth Hart Stirling (Winnipeg General Hospital, 1917) to Harry E. Mitchell, of Weyburn, Sask.

WILKINSON—BATEMAN—In June, 1924, at Toronto, Martha Bateman (H.S.C., Toronto, 1922) to Dr. F. W. Wilkinson.

ANDERSON—SLOAN—On December 20th, 1924, at Saskatoon, Bertha M. Sloan (Saskatoon City Hospital, 1924) to George W. Anderson, of Sutherland, Sask.

BEAUMONT—KERSTEMAN—On Saturday, December 20th, in Christ Church, Toronto, Mary Louisa Kersteman (T.G.H., 1918) to Basil H. Beaumont. Mr. and Mrs. Beaumont will reside at 31 Snowdon Avenue, Toronto.

JOLIFFE—HUNT—On December 23rd, at Toronto, Ella de Vere Hunt (T.G.H., 1914) to Ernest Joliffe, B.A.

KING—McCALLUM—On Tuesday, December 30th, at Port Elgin, Ont., Mary A. McCallum (T.G.H., 1918) to Sanford King, of Woodstock. Mr. and Mrs. King will live at Niagara-on-the-Lake.

LUDWIG—GASKELL—On Friday, January 2nd, at Bloor Street Presbyterian Church, Edith Gaskell (T.G.H.) to M. H. Ludwig, K.C.

SANDERS—CONNELL—On Tuesday, December 16th, 1924, at Round Hill, N.S., Kathryn Whitman Sanders (R.V.H., Montreal, 1919), to James Walter Connell.

CROZIER—HOWARD—On December 19th, 1924, at Brockville, Ont., Edna May Howard (B.G.H., 1920) to William Crozier.

McHARDY—SMITH—In August, 1924, at Buffalo, N.Y., Minnie Smith (Brantford G.H., 1923) to Robert McHardy, of Brantford.

FRANCIS—TREMAIN—On Saturday, September, 13th, 1924, at Philadelphia, Frances Martha Tremain (Sarnia G.H., 1919) to Arthur Gould Francis.

HAYES—McKINLAY—On Wednesday, November 26th, 1924, at the Presbyterian Manse, Camlachie, by the Rev. A. W. Gayley, Annie McKinlay (Sarnia G.H., 1922), to Ervin Hayes, Kimball.

GIBB—WEST—On November 1st, 1924, at the Methodist Parsonage, Thedford, Mary Emily West (Sarnia G.H., 1923), of Thedford, to Harold Gibb, of Corunna.

BADGLEY—CHANDLER—On August 2nd, 1924, at Detroit, Mich., Florence Chandler (Sarnia G.H., 1919) to Dr. Carl Badgley, of Ann Arbor.

BRISTOL—COOK—On September 21st, 1924, at London, Elsie M. G. Cook (Sarnia G.H., 1921) to Miles Bristol, of Detroit, Mich.

HALL—REID—On December 19th, 1924, at Lloydminster, Sask., Annie Gertrude Reid (Royal Alex. Hosp., Edmonton, 1919), to James Robert Herbert Hall.

DEATHS

FREELAND—On January 12th, 1925, at 285 Mountain Street, Montreal, Emily Helen Freeland (R.V.H., 1898).

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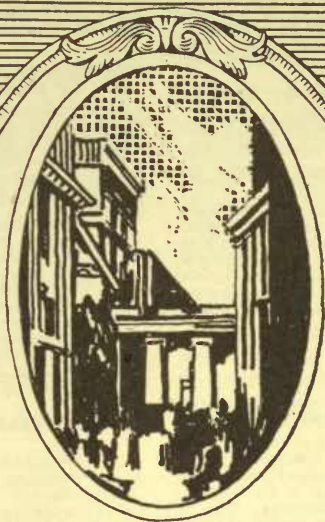
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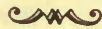
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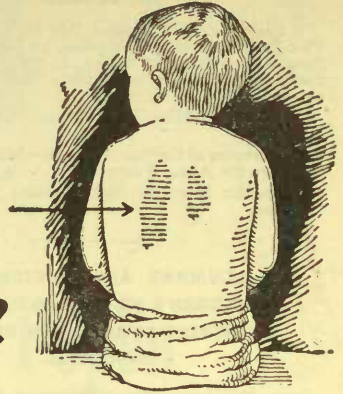
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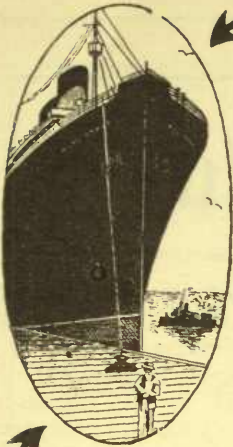
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MARCH, 1925

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Milk

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Managing Director Montreal Anti-Tuberculosis and General Health League.

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The need is strikingly evident in children, for we can see them grow and develop. The continual replacing of worn-out tissues is not as evident, but is just as real and vital a process as the more evident process of growth. A moment's thought will, of course, make it very clear that considerable food must be converted into heat to maintain an even body temperature at all times. While this latter function is frequently likened to a supply of coal for heat production in the home, let us not press the simile too far or we shall be comparing shovelling coal into the furnace to the bad habit of shovelling food into the human body!

I would like first to make it absolutely clear that nutrition and proper food

are **not** synonymous terms. A child may be fed proper food in proper amounts and yet not be properly nourished. The reason being that the processes of digestion, assimilation and growth are influenced by factors other than food intake. A child with diseased tonsils or teeth, or obstructed nasal breathing due to adenoids, is frequently, if not always, physically subnormal, a term which to my thinking, is much better than malnutrition, which latter is most widely used. Again the child who goes to bed late and has not sufficient sleep, or does not get out in the fresh air to play, or does not sleep in a properly ventilated room, is seldom physically fit.

In other words, proper nutrition depends upon a proper health routine, the outstanding factors in which are sufficient rest, plenty of fresh air, and proper food. So in considering this last factor do not forget that it is one of several, none of which can be separated in practice if successful nutritional results are to be obtained.

From the general remarks, we pass to the consideration of one phase of nutrition—proper food.

There has been some criticism of health workers in that they make dogmatic statements which are not supported by scientific experiment or experience. This criticism is justifiable and is due to the over-enthusiasm of certain workers who, carried away by some plausible article or speaker, venture on to uncertain ground with certainty and with unjustifiable assurance. Health work has profited much, and in many places has been made possible, by the enthusiasts, trained and untrained, who have forced action when the authorities were uninterested or powerless. And so I am not speaking in criticism, but merely in

explanation of criticism you may have heard in other places.

We believe that to go slowly and surely is best, and not to teach anything for which we have not reasonable scientific backing. Today we see a rapid advance in the art of medicine and the development of the branch known as applied preventive medicine, in the form of what we call health work. This progress is possible because of the rapid development of the sciences.

Concerning foods, their uses and values, we have certain definite scientific information. We appreciate that what we know is only a comparatively small part of that which will some day be known. But with our present knowledge we can do a great deal, and we can teach with assurance certain things. Also, we know that what we have to teach is of vital importance to the health and welfare of a community.

As in practically everything that is of a constructive nature, the most important part is the earliest work or the laying of the foundation. In this regard, nutrition of the individual, or body building, is no exception to the rule. For while proper food is a necessity all through life, if it is lacking in the earliest years, a condition is created which proper diets later in life will not correct; or we might say, such a human structure has and will have a weak foundation.

It was the realization of this fact that prompted health authorities to carry on vigorous campaigns for proper nutrition of the expectant mother and breast feeding of the infant, and the proper feeding of children.

We have known for many years that foods are composed of fats, carbohydrates, proteins, minerals and water and that they have a certain caloric, heat or energy producing value. So it was that for a time fats, etc., and caloric values were the only terms used when diets were discussed.

In later years we have had a vitally important truth given to us, which is briefly this: There are present in foods what are described as accessory food

factors, which have been named "vitamines." Just what they are, their chemical composition, etc., we do not know, but carefully-controlled experiments have shown that there are at least three different kinds of vitamins and that they are present in different foods in varying amounts. Also it is clear that upon their presence depends proper physical development and maintenance of physical fitness.

We know that when people have lived almost exclusively on polished rice they develop a disease of the peripheral nerves called Beri-Beri, and that the use of unpolished rice prevents and cures the disease. This means that in the outer covering of the rice there is a certain substance which is necessary for proper nutrition, not for any caloric value, but a substance which enables the body to use properly the food taken in. A man cannot smoke, no matter how many pipes, cigars or cigarettes he may have, unless he has the means to light them. The body apparently cannot properly use food without vitamins to act as does the match to the tobacco, so to speak.

You will recall reading of the sufferings of sailors in the old sailing vessels and of the pioneers in this country cut off from anything but dried or salted food, how they suffered from scurvy and how, when they got fresh vegetables or fruit juice, they were cured. Scurvy is another disease which is due to the lack of vitamins which are present in fresh vegetables, fruits and milk.

Nowadays in this country we rarely see cases of acute deficiency diseases—the name given to scurvy, rickets and such diseases—but we do see many chronic conditions of physical subnormality or malnutrition due to improper diets.

We can say that in the vast majority of such cases the article lacking in the diet has been milk and milk products.

Why is milk so important, why is it such a valuable food, why should it be used?

To begin with, milk in itself contains all the requisites for body-

building and repair, for energy production, and is also rich in vitamins. In other words, milk is a complete food, and as there is no other similar food it cannot be substituted for by any other. For the very young it is used alone; as we grow older other foods are added for variety and for more concentrated energy-producing power, but an adult should use at least half a pint of milk a day, and every child at least a pint, and much better a quart.

There is one point that I particularly desire to emphasize and that is the absolute need for milk during the entire period of growth; during all the school years. The idea that milk is a food for babies and invalids alone is entirely wrong. Milk is a food to be used by all to maintain health, and, above all, is a **necessity** during the entire period of growth.

Milk is really an economical food from its energy-producing standpoint, for one quart, in that regard, is equal to a pound of beef or nine eggs. But its greatest value is due to its completeness in a digestible form, and that it contains all the known vitamins.

Now, when we say, "Use milk," it does not necessarily mean to drink it. It may be taken on cereals, or in creamed soups, or in cocoa, or in any other way. Usually any child who has been properly trained will drink milk. We have found that children whose parents were quite sure they could not drink milk very quickly take their share when they are associated in school with others drinking it.

We have known for years that rickets, which is a disease of the bones, a condition of defective or arrested development—is due to some deficiency in diet, and that the continued use of cod liver oil or milk would prevent or correct it. We now know that it was the lack of vitamins which caused rickets. The same statement applies to teeth. Any child with rickets has poorly developed teeth. Here again is evidence of the importance of the role played by milk in the proper development of the human

bones and teeth. It is recognized that the nations whose industries are chiefly dairying have the best teeth and bone development. The modern dental teaching from the preventive side is simply the teaching of a proper diet.

What we are saying is that the normal development of the body and the maintenance of health depend upon a proper diet. The most important article, the one that cannot be replaced, is milk and milk products. We might almost say that the health of the public is dependent upon the cow.

Milk protein is of the best type, and as it is a body-building material, and as the growing child adds from five to fifteen pounds of growth each year, the need, importance and value of furnishing him with such good proteins as are best supplied in milk are evident. A more detailed digression into the various types of proteins would not, I think, be of interest or help to us. We need only know that all proteins are not of equal value for tissue-building, and that milk furnishes the best and cheapest. Milk protein is much more easily assimilated than that of meat, peas and beans.

The fat of milk being in the form of an emulsion is very easily digested and readily assimilated. Fat supplies heat and muscular power, and is part of the fuel-part of our diet.

The carbohydrate of milk which is the sugar of milk is particularly easy to digest. All other starchy foods require the action of saliva, pancreatic or gastric juices to digest them. This is not so with the carbohydrate of milk. Milk sugar is a fuel, supplying heat and muscular power.

The body is not built up from proteins alone, but requires a variety of mineral substances. If stunted growth, poor bones and teeth with faulty development are to be prevented, then expectant and nursing mothers and growing children must have, in addition to other things, a sufficient amount of minerals in their diet. This can best be secured by the use of milk. The lime and phosphorus of milk, which are necessary for bone formation, growth and development,

are present in a form which is readily and completely absorbed. Iron is also present in a form that can readily be absorbed. A liberal supply of milk ensures against any lack of minerals in the diet.

Add to this perfection in the chemical composition of milk the fact that it is rich in the substances called vitamins, and it can readily be appreciated the truly wonderful completeness of this one food which, comparing it with any other in its chemical, caloric or true nutritive value, is cheap on a dollars and cents basis.

The various milk products are all of value. Skim milk and buttermilk contain the protein, but lack most of the fat and some of the vitamins. They are of real food value and cheap.

Butter is a readily digested form of fat, and so has a high energy value. It is rich in growth-stimulating vitamins. Children should use butter.

Cheese is a very valuable food; it contains the milk proteins and is rich in minerals. It is practically equal to whole milk in its nutritive value, but, being concentrated, must not be taken in excess, for then it may upset the digestive system.

Ice cream is a good food, and its use as such is recommended. We mean, properly made, of course. While it is expensive as a food comparing its food value in terms of whole milk, it is much better for children to buy an ice-cream cone than to spend their money on candy.

In other words, all milk products are good and have much of the food value of whole milk, some having more of one quality than others.

I take it that we are all interested in the progress and success of our city, our province and our country. This is not said in a sentimental way, but I refer to that commendable pride of race and love of country. If we as a people are to succeed, then we must have health and strength, ability to work, to strive, and to achieve. You may point to those who have succeeded with frail bodies, but I say they succeeded in spite of their frailty, and would likely have risen to greater

heights if they had had the physical strength upon which to call. It is a great thing that men now live longer and that fewer are lost at the age of their greatest productivity and experience. All progress will be hastened by the lengthening of life which is being brought about as a result of applied preventive medicine.

The nutrition of the child is, I suppose, a medical problem, but it is one that is so closely related to educational work that educational authorities might well claim it as their own, and must at least have a vital interest in the problem. Our educational systems cost money just as all other services do. The taxpayer is right in asking that this money be spent to the best advantage. Now no child can receive a reasonable benefit from his educational course unless he is properly nourished and physically fit. In many cases that I have seen mental retardation was due to malnutrition. The child who comes to school without breakfast will not receive the same benefit from the morning's work as does the child who comes after a proper preparation for the day. I was astonished to find in one school I visited in this city that out of a group of twenty children, half of them had come to school without breakfast or had only had a cup of tea. I am not suggesting that this group is representative of the school population, but I have the impression that it was representative enough to show that a problem exists.

The conclusion I draw from this is that if the educational authorities do not desire, and I am sure they do not, to waste money, they must be interested in this problem of nutrition and the use of milk, for the money spent on the education of a physically subnormal child is partially wasted, that is, compared with what results would be secured if the child were physically normal.

In this regard I am speaking from personal observation on groups of several hundreds of school children, selected because they were physically subnormal; some in the early stages of

St. Vitus Dance, a disease due to faulty nutrition; others thin, round-shouldered, hollow-chested; some stupid-looking. Such children placed in open-air schools where they get fresh air, two hours' rest at noon and plenty of milk, become normal physically in most cases, and the mental change in the same children can only be credited by those who have witnessed it. Do not misunderstand me; I do not mean that a quart of milk a day will cure cases of mental deficiency, but I do mean that there is often mental retardation associated with and accompanying malnutrition.

Now this problem of nutrition is, I appreciate, a very large one. Difficult because it means a change in the habits of the home and the customs of the people. It depends, as I have pointed out, upon a proper health routine.

Because a problem is difficult is no good reason for avoiding it, providing that we have a sound plan for attacking it, with reasonable hope of an accomplishment commensurate with the effort.

I do believe that any effort to encourage the use of milk by children is well worth while and will give results. It is not going to solve the problem of nutrition, but it is a very definite step towards its solution and the provision of a well-balanced diet.

We speak of a well-balanced diet. By that we mean that the various constituents of an adequate diet tend to reinforce the value of each other, and so such a diet is immeasurably better than a diet which is just on the border-line of sufficiency.

Proteins are used more efficiently in the presence of vitamins: iron is better handled in the diet that is rich in calcium, and the latter is better stored if there is plenty of phosphorus.

Milk is an excellent food for this purpose. Its caloric value, protein and mineral content, plus a richness in vitamins, mean that added to the diet it practically eliminates any possible deficiencies in the rest of the diet.

Therefore I would urge upon you that you give favorable consideration

to any plan to encourage children to use milk. I know that the school curriculum is crowded and that the teachers are hard pressed to cover the programme. I know that the school should not be expected to assume the responsibilities of the home. But yet here we are face to face with a condition as it exists.

The nutrition committee of the Child Welfare Association of Montreal carried on a demonstration here which corroborated what I have said and what has been experienced elsewhere. It was proven that if a group of children had their physical defects corrected and then lived under a proper health routine, they would, in the vast majority of cases, become normal. That work was a demonstration and is now finished.

I am sure we all hope to see Forest Schools and open-air schools established to carry on just such work, for it is needed.

In the meantime, all of us can talk health and encourage the use of milk. Also let us think of preventing malnutrition rather than curing cases. There are doubtless thousands of school children who would be greatly helped by receiving milk every day. There are many hundreds who are just on the border line and who would be prevented from falling into the class of mal-nourished by receiving milk. Is it possible to have the children take milk in school? Without wishing to dictate, I would answer my own question by saying that it is being done in many schools. What is more, nearly every school that starts it keeps it up. What is the result? An increased use of milk in the homes which will, without doubt, improve the physique of our race, increase resistance to disease, improve mental alertness and ability to do the day's work.

I have attempted to point out the need and value of milk as a food, and I have tried and, I hope, succeeded to some extent in enlisting further support for encouraging the use of milk by whatever means you can.

There is but one thing more that I desire to discuss. You will appreciate

that as milk is so valuable and necessary, and that we urge everyone to use it, that we in Montreal must unfortunately as yet qualify our advice by saying, be sure you secure safe, pasteurized milk.

Every good thing presents difficulties. Milk is a food, and as it is a food disease germs grow in it, and when it is warm they grow very rapidly, and so milk has been responsible for the spread of disease.

This is so important a subject from the standpoint of public health that all health authorities place a safe water and milk supply at the head of the list of essential things to be done if a city is to protect its citizens. It is

certainly true that child welfare in a physical sense is largely dependent upon a safe milk supply being available.

I do not wish to burden you with arguments, but I do desire to take this opportunity of enlisting your active support in our campaign for a safe milk supply. We desire to see enacted the by-law as prepared by the City Health Department so that Montreal's milk supply will be safe and so that we may shout from the house-tops, "Drink Milk!" without having to qualify the remark by saying, "But be careful what milk 'you drink!'"

(Read before the Montreal Teachers' Federation).

Divine Discontent

By J. E. B.

This would be a poor old world indeed without the spark of divine discontent. Unfortunately, our discontent is usually directed towards others, and some very unpleasant methods have been used by the "uplifters" in all ages.

Our cave-dweller ancestors who saw a fault in the conduct of their neighbors, settled matters quite summarily with a heavy club or a large rock. Later on, these crude methods were replaced by organized war, and men found satisfaction in the defeat of the enemy, when the spectacle was glorified by all the gorgeous trappings of banners, armour, trumpets and prancing steeds.

As our race become pious, the courts of the church took a hand, and those who had the temerity to announce beliefs that differed from the orthodox, met the fiery death of the martyr or witch.

Still later, we relegated all these methods to the Dark Ages, and betook

ourselves with new-found zeal to the delight of legislating. This seems to have reached its zenith in the present day. Do we see a mote in our brothers eye, then let us make his fault illegal, and have him fined or imprisoned for it.

Fortunately, we are not without our prophets, those who reveal the vision of a race emancipated through the "freedom of the spirit." Indeed, we begin to get glimpses of our earth transformed into a real Utopia when our children are educated in such a way that their minds are trained to search for truth, no matter where it may lead, when they are taught the great duty to themselves and the race of living healthful, wholesome lives, and when they are taught in very deed "to love their neighbors." Indeed, the day may not be far off when the divine spark of discontent may be directed by each man towards his own heart.

— Editorial —

In the November number "The Canadian Nurse" called the attention of the nurses of Canada to a matter of the very greatest importance: "the need throughout the whole of Canada for qualified nurse instructors on the staff of the Training Schools." At the same time an article appeared in "The American Journal of Nursing" which stated that the supply of qualified nurse instructors was less than one-third of the demand, and that the facing and solving of this grave problem is a responsibility of the whole nursing profession: that is to say, your responsibility and mine. Now, I think that on the whole, as nurses, we are in the habit of shouldering our responsibilities, so let us, for a few minutes, carefully consider this matter.

We hear today much criticism of nurses; some of it we must, alas, confess to be well merited. In very many instances the trouble is due to the kind of teaching and experience they have had in their Training Schools. No vocational occupation, much less a profession, can hope to keep an honoured place in the esteem of the community unless the education, the special preparation of its future members for their work, is on a satisfactory basis, carefully guarded and recognized as a matter of vital concern to the present members.

Now, are we entirely satisfied with the nursing education we had or with that our schools are now giving? If not, what are we doing about it?

Surely no type of school can do satisfactory work without qualified teachers. Where are the qualified teachers for our schools coming from?

But you may feel satisfied with the training you received; you may think

that what was good enough for you is good enough for the young woman of today. But is it? Stop and think, on the one hand, of the average age of the girl entering a School of Nursing today; of her ignorance of household matters; of her general inexperience of life. On the other hand, think of the increased demand made upon the graduate nurse by the development of science and of medicine. Then remember that it is also required that she should be able, not only to care for the sick, but to teach the **prevention** of sickness, and show the path to higher standards of health. Furthermore, it is generally conceded that she should understand the principles of social work and co-operate intelligently with social workers.

Do not these considerations show that, whatever may have been the case in the past, nursing education today must be a very definite, systematic, organized thing for which qualified teachers and proper equipment are essential?

Now, obviously, to supply the teachers needed, requires two things. First, graduate nurses fitted to become teachers and willing to prepare themselves; second, money to enable those who need help to take the required preparation.

If the need is to be met we must all help in this matter; private duty, public health, and institutional nurses. We can interest other nurses. We can promote by our interest and by our contributions the giving of scholarships. Best of all, some of us can prepare **ourselves** to become teachers in this field, where the need is so great and the supply so small. Let us arouse ourselves and do this for the honour of Canadian Nursing.

Manitoba Health Survey of School Children

A SMALL survey of the school children in Manitoba was made possible by a grant of \$1,000 from the Canadian Tuberculous Association, an equal amount from a bequest for research in tuberculosis in Manitoba, and a grant of \$500 from the Manitoba Red Cross Society.

The previous survey that came nearest to Manitoba conditions was one made of sixteen hundred children in eight rural areas of Saskatchewan in 1921. It was thought best to make the Manitoba survey supplementary to this by making it urban. It was considered, also, that it should be intensive rather than extensive; that more could be learned about the 40 000 school children in Winnipeg by a complete examination of five hundred than by a mere march past of the whole number. The children were selected from different districts, schools and ages, with the idea of having as representative a cross section as possible of the school population.

With headquarters for the survey in the Medical College, the General Hospital next door, the services of thirty or more medical men of special experience, the co-operation of many organizations—notably the Winnipeg School Board, the Health Department, the Victor X-Ray Company—and the work of a number of volunteers, made possible a completeness of examination that could scarcely be reached in a rural survey.

Records were made of race, age, height, weight, school grade, and also as to the general physical condition, nutrition, posture, skin, general appearance, relation of weight to height, age, etc. A careful examination of the chest was made, which included a stereoscopic pair of X-Ray plates, and in one hundred cases a plate was made from the side

of the chest in addition. It was in these X-Ray plates that the chief cost lay, and a considerable part of the work, but, especially as in few previous surveys have pairs of plates been made, they were considered worth the expenditure.

Special examinations were made of the heart, and of the eye, ear, nose and throat. The thyroid gland was a subject of special inquiry. A mental estimate was made of seventy-three children. The examination of teeth was carried out by members of the Winnipeg Dental Society. Swabs were taken of all noses and throats. The tuberculin test was applied to almost all. Urine was examined in all cases, and sputum, when found present. Special physical defects were in a few cases further investigated.

The first care was, from the mass of facts collected, to check up records of individual children, and report to the parents any abnormal conditions found. The second was to sum up such conditions and find their totals and percentages. This has been done. The third task, and the largest one, not yet completed, is to compare one finding with another so as to determine their relations, or if they have relations: as enlarged tonsils and defective ears, heart defects and enlarged thyroid glands, etc. This third study will be laborious, but will very likely yield interesting and valuable results.

What are some of the findings already arrived at? In stating these, much detail, many of the finer distinctions and the more exact percentages must be omitted.

General Examination

Of the 564 Winnipeg children examined, 90% were of Canadian birth, 5% were born elsewhere in the Empire, and 5% were of non-British birth. Eighty-seven per cent. showed vaccination marks; 13% unfor-

tunately did not. Sixteen per cent. were considered over-weight for age and 3% for height; 22% were 10% or more under weight for height; 13% were 10% or more under weight for age. Nutrition and muscular development were considered poor in 9% and 5% respectively. Posture was found faulty in 18%, and orthopedic defects—mostly flat feet—were found in one-fifth of those examined. Some after-effects of rickets were found in nearly 4%. Slightly enlarged glands were found in one-half the children examined. The urine was found abnormal in a considerable number of cases.

The Chest

A thorough-going chest examination was made of each child. It is well known to medical men that signs of lung diseases are more difficult to detect in children than in adults; that tuberculosis, for instance, is more likely to have invaded the hidden glands lying between the lungs than the lungs themselves. Such disease of the glands is better searched out by the X-Ray plate than by the stethoscope. A number of abnormal conditions were found by examination which confirmed, or were confirmed by, the plates.

The X-Ray

Even the black and white X-Ray records of children are difficult to interpret. The normal chest pictures vary as much as normal features and normal figures; and almost all disease visitors to the chest leave calling cards at the lung roots or elsewhere. Abnormal lung shadows in children, therefore, may mean that there have been more or less recent calls from measles or whooping cough, or scarlet fever or influenza or even from the more ordinary "colds." When tuberculosis has made some progress its marks are very evident, but its beginnings may very easily be confused with other shadows.

A study of the X-Ray plates show-

ed much more shadow, many more tracks and trails of pulmonary invasions in the lungs of presumably normal children than were expected. The lung root shadows were considered to be beyond normal in 60%, glands between the lungs were noticeably enlarged in 7%, and in 2% there were evidences of old pleurisy.

Definite evidence of tuberculosis were found in sixteen cases, or nearly 3%, and 63, or 11%, showed signs suspicious of tuberculosis. Not all the sixteen were considered to show active or present disease, but mostly past and now inactive disease. In several of these children long-continued exposure to diseased adults could be traced. In Chicago, while tuberculous adults may live freely in contact with any adults, they are by law forbidden to live in the same houses with children.

Tuberculin Tests

The children who showed signs of disease were not by any means the only ones who had been infected by tuberculosis. A reaction to the tuberculin test shows the presence of infection in people as it does in cattle. In every community many are infected, but few actively diseased. In the United States it is estimated that seventy-five in every hundred people are infected, whereas in only one in one hundred can active disease be found by examination.

In the Winnipeg survey positive reactions to tuberculin were found in 25%, doubtful in 16%, or positive and doubtful in 41% of the children tested. In the rural survey in Saskatchewan in 1921, more than 44% at the age of six reacted to tuberculin and more than 57% of all the children examined. In St. Louis 32% of the younger children showed similar evidence of infection; in the Dundas district of Ontario 32%; in Framingham, Massachusetts, nearly 46%, and in Vienna as high as 72%.

This simply means that here as elsewhere infection by tuberculosis is widespread even at early age. At

later age it becomes practically universal. It must always be remembered that tuberculosis infection does not mean tuberculous disease, but may even be as a vaccination, a partial protection from active disease.

The Heart

Investigation of heart conditions was made with special care. In six cases, or little over 1%, organic heart disease was found, which, however, in no case seemed to very definitely affect the health of the children. These defects called for observation rather than for treatment. In addition to these, heart murmurs of even less significance were found in about 19%. A study was made of blood pressure in relation to age, sex, weight, and thyroid enlargement.

Eye

In the examination of eye, ear, nose and throat it would be expected by medical men that though a large number of abnormal conditions would be found, not all of these would call for definite treatment. As many as 25% were found to have vision in some way defective, but most of these children who need them were already wearing glasses. Two children were found with definite squint.

Ear

About 16% of the children were reported defective in hearing; but the tests were not entirely satisfactory, partly because the conditions under which the examinations were made were not ideal for such estimations. Abnormal tonsils did not appear to affect hearing as much as was expected.

Nose and Throat

Some nasal obstruction and malformation were found in nearly 27%, though it was thought that this required treatment for the betterment of health in a few cases only.

Tonsils were found already removed in 33%, enlarged in over 8%, diseased in 18%, enlarged and diseased in 20%, and normal in only about 21%. That means that abnormality

and even disease of the tonsils is very common indeed among these children, though all abnormal or enlarged tonsils do not necessarily need to be removed.

Germ Carrying

A most interesting and most useful inquiry was that made regarding the bacteria harbored in nose and throat. It is well known to medical men, and indeed to most of the general public also, that all people carry about many more germs of disease than they actually suffer from, and that almost any nose and throat could furnish enough bacteria to create havoc if conditions favorable for their spread were brought about. Naturally noses and throats diseased or abnormal or badly cared for contain more than their share of these germs.

Swabs of nose and throat of each child were taken and cultured. One of the most interesting findings was germs of diphtheria in thirty children, or 5.3%. That does not mean that these children have the disease or even that all the germs in their throats were virulent. But it does mean that if the general resistance of these children were lowered they could in many cases be infected from their own throats, and also infect others by contact.

Another organism of the germ menagerie found in these noses and throats was the pneumococcus, which has to do with pneumonia, found in 32% of noses and 55% of throats. The streptococcus and the staphylococcus, chains and bunches of dots, respectively, the usual pus-forming organisms, were found in 18 and 47% of noses and 32 and 45% of throats. The pneumococcus found was of a special type which has been fairly common in Winnipeg since January, 1924.

Some grain of comfort may be derived from the supposition that children harboring such disease germs may be unconsciously and without harm developing immunity thereby.

So, sweet may be the uses of adversity.

Teeth

Members of the Winnipeg Dental Society made a careful examination of the teeth of all the children. While their reports were available for the individual children, they have not yet been summed up so as to give an idea of the number of defects found.

Goitre

In recent years there has been a great deal of investigation and discussion about enlargement of the thyroid gland, commonly known as goitre, in both the old world and the new. A "goitre" may or may not be considered as disease, but at best it is unsightly and can develop disease. It is a matter of concern, therefore, that in some districts three children in four are found to have some enlargement of the gland. There is the greatest difference between communities: one city in Michigan showing enlargement in 26% of its school children; while in another, only twelve miles away, enlargement is found in 75%.

It is considered now-a-days that the chief cause of enlargement of the thyroid is iodine starvation. The iodine content in water supplies and foods varies greatly in different districts. In some parts of British Columbia, for instance, the local deficiency in iodine is so marked that domestic animals, unless fed a certain amount of this food element, will not produce healthy offspring, nor indeed offspring that can survive.

Of the Winnipeg children, 2 or $\frac{1}{2}$ of 1% of the whole number had marked enlargement; nearly 6% moderate enlargement and 36% slight enlargement; a total of 43% having some enlargement.

In the Winnipeg survey, as in others, enlargement was more common at the older ages and more in girls than in boys. It was not found definitely linked up with any other abnormal conditions, except to some extent with mental deficiency.

Mental Defects

Seventy-three, or nearly 13% of the total number were referred for mental examination because one or more grades behind average children of their age. Half of them were found to be mentally normal. Twenty-three children, however, or 4% of the whole survey, were considered sub-normal; nine, or nearly 2%, "borderline," and 7, or something over 10%, feeble-minded. The seven feeble-minded children it was considered should not be in public schools, and the thirty-two sub-normal and "borderline" should be in special classes in which individual attention could be given them.

A fairly high proportion of these sub-standard children were of non-Anglo-Saxon stock; muscular development was less than the average; thyroid enlargement was more common; enlarged and diseased tonsils and unhealthy throats generally more than twice the average; and malnutrition was more common. Defects in sight and hearing were not beyond the average.

As has been already stated, only 564 Winnipeg school children out of about 40,000 were examined. What defects were found in the survey could be multiplied by about seventy to give totals for the children of the whole city.

To keep this summary within limits and fairly understandable many details had necessarily to be left out. Enough has been put down, however, to show defects which will grow up, as the children grow, into permanent handicaps, so that when the next generation comes to a test in war-time or in peace-time it will be found as the present generation has been, one-third handicapped. Most of these handicaps can be removed if dealt with now. What should be done about it?

(Compiled from the report prepared by Dr. D. Stewart, Ninette Sanatorium, Ninette, Man.)

The First Convention of Canadian French Speaking Nurses

By SISTER DUCKETT, Reg.N.

A FEW months ago I was called upon to give an account of "What is being done in the French section" before the members of the "Quebec Registered Nurses' Association."

Since then, the "First Convention of the French Speaking Nurses of Canada" has been held in Montreal, and it is the wish of our thoughtful President that you should hear something about our convention and how the programme was carried out.

As an introduction to the report, it may not be useless to underline what was previously said about our "raison d'être."

Why form an association of French speaking nurses? Why have university courses for graduate nurses in Montreal, given in two different centres? Why create a new magazine for Canadian Nurses?

All these questions have been thoroughly thrashed out, and the ultimate result of the thrashing, whoever the thrasher was, always spelled the same: "Better care of the patient."

Taking it for granted that we all agree on this: the necessity for our existence, let me point out that the report of our Convention is decidedly the main chapter of our local history of nursing.

It is the tangible result of silent efforts to bring together the wide-gathered elements of a natural compound; it is the answer to a long-felt

need: the realizing of what we could do; it is the focussing of individual energies towards a well defined, constructive programme.

I shall not burden you with the details of our convention as to time, order and length of sessions; neither shall I endeavor to tell you of the thrill of enthusiasm we felt passing in our ranks from the very moment we gathered in the university chapel on the morning of September 8th for the opening of the congress, untill we separated on the afternoon of the second day with a common, unwritten resolution: "**Do Better.**"

Remembering that I am talking to co-workers who believe in conventions, who are liable to be called upon to act as delegates at any time in a near or remote future, I intend to bring out certain features of our congress so as to give you an insight of our purposes in the working out of its programme.

Naturally, we started by prayer; not only because it is customary to do so, but because we felt very much in need of light and help from above.

Registration—

We tried the book registration method; it was not entirely satisfactory. Somehow many a name had not been written. The reason for our mistake was that we did not expect a crowd, and a big crowd we were! Next year we shall probably try another system of registration: cards, for instance, or door control.

Official Opening—

By all means, we wanted an important personage to open our first Convention. The rector of the Montreal University had landed the day before from overseas. He consented willingly to say just a few words in the morning, and to reserve his address for the mass meeting in the evening. Mgr. Piette declared the Convention as officially opened and gave some advice—laying great stress on the advantages of a yearly gathering, provided everyone would consider it a duty to take part in the round table conference.

The President's Address—

In preparing her opening address, the President had a twofold object in view: 1. To let the whole body know what the small number had done; 2. To bring all the members into co-operation with that small number in order to help in . . . what is yet to be done.

What **has** been done includes: (a) The foundation of university courses, in existence since the spring of 1923; (b) the grouping of these post-graduate university students in an association the aim of which is to serve as a link between the university and the profession, individually and collectively; (c) the launching of a magazine conveying to every member items of interest in regard to the profession. "What is **yet** to be done" covers not only the safeguarding of the existing activities here mentioned, but also the persevering efforts towards our ultimate aim: the centralization of all our energies expressed in a concrete manner. A central **Home**, with a central registry; a self-supporting organization, sufficiently trained and equipped to answer to all the sick who need our care, rich or poor.

Secretary's Report—

The Secretary's Report stated how the executive proceeded to bring the programme to an end. Most particularly did the Secretary emphasize the fascinating experiences the President and herself underwent in the foundation of the magazine.

From the Treasurer's report let us extract the following figures, for the period extending from December 1st, 1923 to September 1st, 1924:

| | |
|--------------------|--------------------------|
| Receipts | \$1,860.59 |
| Expenditures | \$1,374.40 |
| On hand | 486.19 |
| | <hr/> |
| | \$1,860.59 \$1,860.59 |

The Vice-President read a compilation of answers received from the university students of the 1923 courses, telling of their experiences and work during the year as a consequence of their studies. A questionnaire had been sent to them by the Vice-President asking their appreciation of the course and suggestions as to the opportunity of changes in our programme for the university courses. Very helpful hints were gathered from the whole for the benefit of the coming students.

By this time the first morning session was over. The members left the hall with a very clear view of what the infant Association called "La Filiale Universitaire" was able to do.

Symposium—

The four preceding papers illustrated the advantages of a symposium. It works as a three or four act play, the same subject being presented in its different parts by different individuals.

It breaks the monotony of the delivery, and the preparatory work—being fractionned—is more willingly accepted by officers already busy with their individual duties. It must be well planned and well controlled.

If you wish to have a symposium on the programme of your gathering, or if you are called upon to take a part in the play, remember this: (a) The part allotted to each speaker must be in accordance with his aptitude and experience; he must be a specialist, so to speak. (b) Each speaker must have a fair idea of what his co-players are to say, and be sure to strictly limit himself to his part lest there be overlapping. (c) The papers are submitted to the committee ahead of time, for approval. (d) A few minutes only are allowed for each paper, let us say, eight to twelve minutes, according to the number of speakers. (e) All the papers must be read before any discussion is allowed, otherwise questions might be asked that are to be taken care of by the following speaker.

An example of a symposium which offered great variety and appealed to all is the following, presented by the secular nurses: "Advantages and Disadvantages of: (a) Social Service; (b) Private Duty; (c) Institutional Work; (d) Specialities: 1. path. lab. and X-Rays, 2. massotherapy, 3. pre-natal and baby clinics. —Six speakers.

Another symposium, by superintendents of nurses: (a) The hospital as a teaching centre; (b) The theoretical teaching; (c) The practical teaching.

A deeper and a dryer subject than the previous one.

Abstract subjects should be presented at the beginning of the morning sessions and questions of general interest reserved for the second part of a session.

Demonstrations—

Demonstrations are very helpful on a programme in the first part of

an afternoon session. They offer great advantages, namely: variety on the programme; sensorial teaching; a much larger scope for the selection of your speakers. It is by means of demonstrations that our local training schools will gradually come to uniformity in their teaching.

Round Table Discussions—

Here, all success lies in the knowledge and the ability of the chairman. Select your chairman ahead of time. Try to choose members who are popular among their fellow-workers, with years of experience in their field of work. Let them write questions and distribute them before the convention so that the discussion will not be a failure: one or two good questions to start the fire will often prove to make the discussion so animated that the trouble will be how to stop it rather than how to keep it going. On that account it is wise to keep discussions for the last part of a session, followed by a recess. Have the audience ask questions at the very first hour of your congress and allow plenty of time for open discussions. However inspiring the papers may be, a few sparks coming from the crowd may have a far more productive effect on the future of the profession as a whole.

This report of the First Congress of French Graduate Nurses was asked for by our President; not merely to fill in space on the programme of this annual meeting, but with the idea of drawing closer to the incoming Executive of our provincial association many a leader in embryo, whose goodwill and co-operation are still wanting before the full success of our efforts can be realized in the development of the nursing profession in our province.

(Paper read by Sister Duckett, Director-General of the Grey Nuns' Hospitals, at the Annual Meeting of the Association of Registered Nurses of the Province of Quebec.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

Dry Milk Infant Feeding

By P. W. O'BRIEN, M.B., Pediatrician, St. Mary's Hospital, Toronto

DRY milk is a powder made from fresh cow's milk by the evaporation of the water. This is accomplished by pouring the liquid milk over hot revolving cylinders.

The resulting powder contains all the original elements except water.

There are several advantages in using dry milk in infant feeding aside from its great point of easy digestibility. It is clean and sterile and not easily contaminated. It can be kept in good condition in tins, even in hot climates, for a period of a year. Even when the tin is opened there is no danger of contamination if ordinary cleanliness is used. In districts where there is poor supervision of the milk supply it has proved of inestimable value.

But chief of all its virtues is the ease with which it is digested, its simple preparation, and the tolerance which almost all infants have for it: even those whose digestion has reached a low ebb from the ordinary raw cow's milk and sugar mixtures.

I have used it successfully at all ages of infancy, from the new-born to a year, and have found it to be easily tolerated and effective in making good gains in weight. Nor does it predispose to rickets or scurvy as might at first be thought. In the many cases I have used it there has never been a sign of either of the

above affections, but I may add I have consistently made it a rule to use orange juice in proper dosage after the second month, and cod liver oil as well after the third or fourth month.

I use a form of Dry Milk which is a combination in equal parts of the "Whole Dry Milk" and the "Separated Dry Milk."

The amount of the food to be used varies only slightly in the ordinary cases and may be roughly stated as a dessert-spoonful of each Dry Milk to the required amount of water for the baby's age. As a fair beginning dose, this can be worked up in a very short time to three times this amount, that is, three dessert-spoonfuls of each of the Dry Milks.

Most babies will continue to gain on this amount; the only change to be made being the increase of the water from time to time as the baby grows older.

In new-born babies or babies under one month I usually begin with one level teaspoonful of each Dry Milk powder and gradually work up the toleration until the larger dose may be safely given.

The preparation of the food is simple, but each feeding should be made up separately just before it is to be used. Mix the powder with the

amount of water required for the feeding with an egg beater and the food is ready. No sugar is needed—but may be added in older infants if considered necessary.

The following cases fed with dry milk should prove interesting. The first three are babies who came under my care when they were approximately one month old. Baby H, weight at birth 5 lb. 7 oz., five weeks later when I first saw her she weighed 6 lb. 10 oz. The mother's nurse was about gone, the child was crying continually, and the baby had not gained in two weeks. Baby was placed on 1 dessert-spoonful of each Dry Milk in 3 ozs. of water, Q.3.H., for eight feedings, and in five days had gained 7 ozs., was much more comfortable and stools normal. In the following week she gained 11½ ozs.; the food was increased and two months later the baby weighed 12 lbs. 3 ozs., a gain of 86 ozs. in 74 days. The baby was then placed on an ordinary milk and sugar mixture and continued to make a satisfactory gain.

Baby E, weight at birth 8 lbs. 4 ozs. After three weeks mother was unwilling to nurse her baby and she was placed on a raw milk mixture. Failure to gain and constant crying was the complaint. When I was consulted, and as the mother was to leave for England in a month and there might be some trouble changing milk during the voyage, I started the baby on Dry Milk. The same dosage as the previous case was used and the baby gained 1½ lbs. in 26 days; was quite comfortable, free from colic and by taking a supply of the Dry Milk for use on the trip, and enough for a couple of months' use, the baby did splendidly and the mother had no further feeding worries.

Baby R. weight at birth 6 lbs. 8 ozs. Mother died on the 10th day of

septic pneumonia. Baby was on 7-20 mixture; stools were undigested and green and was constantly crying. I used one level teaspoonful of each Dry Milk in 2½ ozs. of water for a few days, then gradually increased the dose, and the baby made a constant gain, and in a few days was normal as to stools, and crying ceased. This baby was kept on Dry Milk until five months old, when she was changed to an ordinary milk mixture.

Two very interesting cases of morasmas are the following:—

Baby M, weight at birth 8 lbs.; at 5 months when she came under my care she weighed only 8 lbs. 12 ozs. She was suffering from diarrhoea and was greatly emaciated. This baby was first placed on protein milk and as soon as the diarrhoea was controlled I began the Dry Milk—one dessert-spoonful to each Dry Milk in 5 ozs. of water, Q.3.H., for seven feedings. This was rapidly increased and was well tolerated; in five weeks the babe had gained 2½ lbs. and in the following five weeks added another 2 lbs. Her subsequent course was normal.

Baby R, weight at birth 6 lbs. 14 ozs. At two months when she came under my care she weighed 6 lbs. 11 ozs. and was having recurring attacks of diarrhoea. The usual dose of Dry Milk was given and gradually increased. This feeding was stopped a few days at a time at three intervals in the next three months and protein milk substituted whenever there was a tendency to loose bowels. The baby made a steady gain, was for the most part comfortable, and at 8 months weighed over 18 lbs.

My experience with Dry Milk has been eminently satisfactory and is in every way a big addition to the list of foods for infant feeding.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
Miss EDITH RAYSIDE, General Hospital, Hamilton, Ont.

How Might Our Curriculum Be Changed to Meet the Needs Required?

By JEAN I. GUNN, R.N.

In discussing the question, "How might our curriculum be changed to meet the needs required?" it would seem necessary to consider the question from four different standpoints.

First—The school located in a city in which there is a University and in which there is some organized public health work.

Second—The school located in a city in which there is a University and no organised public welfare work.

Third—The school located in a city or town where there is no University, but some organized public health work such as the Victorian Order of Nurses.

Fourth—The school located in a city or town where there is no University and no organized public health work.

The difficulty in even suggesting a change in the curriculum that would be practical in all schools may be easily realized even by such a brief survey as the above.

The differences in the resources of the different communities in which our training schools are operating makes it impractical to consider all schools at the same time.

It would seem possible for any school, large or small, and regardless of location or outside resources, to at least include in the curriculum a very comprehensive course of lectures in public health nursing. This would at least awaken in the minds

of the students an interest in this essential branch of nursing and make them realize their responsibilities as nurses beyond that of the usual bedside nursing.

Such a course of lectures could easily be prepared since there is so much literature available on almost all the important public health subjects.

This would be at least a step along the right road, although it leaves much to be desired.

In communities where there is some organized branch of public health work the schools could co-operate and secure for the students some experience in the practical work of public health nursing. This of course presents many difficulties. The public health organization accepting the students should be in every way qualified to undertake the instruction of student nurses and should fully realize that the student is sent for instruction and training and not to be absorbed into doing the routine work of the organization. This requires vigilance on the part of the Superintendent of Nurses of the school, who should be thoroughly familiar with the training the student is receiving while she is assigned to duty with any such organization. (15)

The suggested lecture course and the term of practical experience with some public welfare organization would only be an attempt to broaden

the student's knowledge in a general way and would not in any way qualify her to undertake this special branch of nursing. It would undoubtedly interest many more nurses in public health nursing and would result in more nurses making an effort to qualify themselves by post graduate work after graduation.

These changes in the curriculum do not answer the question. If all schools were to arrange both teaching in theory and experience in practical work the problem of having students on graduation qualified to undertake public health nursing would be still unsolved.

The only schools in a position to accomplish this are schools in the first classification, viz., the school located in a city in which there is a University giving instruction in public health nursing and in which there is some organized public health work. Since the regular course in public health nursing is approximately eight months it would seem impossible to include this full University training in the three years course. If some special part of the course could be taken and the student given credit for the work covered, thus shortening the time and expense of post graduate study, it would seem more practical. This would necessitate the experience in practical work in the field as well as in the teaching in theory being under the direction and supervision of the University Staff. It would seem that at least four months would be necessary to make such a course worth while, which would mean that the University could only take two groups annually.

From the standpoint of the University this might be arranged, but it does not seem practical from the standpoint of the training school. Such a course would of necessity be an elective one. The majority of the students would undoubtedly wish to have this training and all have the

same right to receive consideration. Under this basis practically one half of the third year students would be receiving public health training at one time. If some other means of selection is adopted such as class standing, it would result in many students being deprived of the opportunity for the special training who might become good public health nurses.

If it were possible to arrange for one half the third year students to be removed from the working staff of the hospital, it would necessitate duplicating all teaching of the third year now given in the training school or completing all the theory now taught in the three years, in two years. This also applies to a certain extent to the training in the special branches of nursing now arranged in the different hospital departments. The greater part of the special training would have to be completed during the first two years.

It would seem that the changes required in the curriculum would be very far reaching and to most hospitals quite impossible to accomplish with justice to all student nurses and to the patients under the care of the hospital.

Before coming to any definite decision concerning the required changes in the curriculum, it would seem essential to understand just what the function of the school for nurses is to be in the rapid development of public health nursing.

Is it the responsibility of the school for nurses to prepare student nurses for special branches of nursing?

All our future efforts will depend on the answer to that question.

If it is to be the responsibility of the school for nurses, then of necessity the present curriculum must be re-adjusted to meet this need. Provision must also be made from September till June for carrying on of the nursing work of the hospital now

assigned to the third year students, since these students would be taking the University work four months, and completing all the third year theory in the remaining four months, leaving very little time for practical nursing work. In this way the problem becomes not only a problem in nurse education, but also a very important problem in hospital financing.

A compromise might be suggested of which the time now given to general training might be shortened, making it possible for a student nurse to secure her general training and post graduate instruction in approximately the same time that it is now required for hospital training only. If the schools for nurses make it possible for the student to secure a good general foundation for all branches of nursing, an intelligent insight into the many kinds of nursing service demanded by the community, and a definite knowledge as to how she may fit herself to render the type of service she decides to undertake, it would seem that the student will receive a very good equipment for her future work. The schools for nurses should see that this period of

general preparation is no longer than is necessary from the standpoint of the student. It should be considered wherever possible to arrange University credits for any instruction given the student nurse under the auspices of the University, thus reducing somewhat the time required for post graduate study.

In considering changes for the curriculum of the schools for nurses, let us always keep in mind the fundamental reason for the existence of our profession, which is, and always will be, the nursing of the sick. Let us be careful in our decision and not risk sacrificing the art of nursing in a feverish endeavor to qualify students for every possible development in modern nursing work. Let us concentrate on educating students for general nursing work in as short a time as proves practical from all standpoints, and leave to the University Schools of Nursing the responsibility of educating nurses for the special field of public health nursing.

(Read at the C.A.N.E. Convention at Hamilton, June, 1924, by Miss Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital.)

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Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

A Recent Revolution in the Prevention of Measles

MEASLES is frequently regarded as one of the less serious communicable diseases of childhood. But many children die directly of measles, and the indirect mortality is appallingly high when one considers the fatal cases of pneumonia and tuberculosis that have their origin in an attack of measles.

There are some curious facts with regard to the influence of social class on the mortality from measles. The poor child is much more likely to die of measles than the child of the well-to-do, largely because poverty entails infection at an early age. Measles is the most contagious of the communicable diseases, and the poor child whose play-ground is the street is bound to contract measles much earlier than the child of Dives who lives a comparatively isolated life in a nursery and private garden.

As all of us cannot, and some of us do not want to spend our childhood in gardens reserved solely for ourselves and our nursery maids, it is most desirable that some means other than the isolation of the rich should be found to enable us to defer infection till we are no longer of tender age. Hitherto, this has been a practical impossibility. In his standard work, published in 1920, Pro-

fessor W. H. Park, of New York, writes:—

“The control of measles is difficult, if not practically impossible. . . . (1) because it is the most contagious of all the communicable infections, and (2) because it is most readily communicable in the prodromal or pre-eruptive stage, and before the disease is recognizable. . . . Immunization—None.”

This attitude of passive helplessness need, happily, no longer be adopted. Preventive or abortive immunization has probably come to stay, and in the near future we may hope to find the mortality from measles coming down with a run. In 1918, Nicolle and Conseil published an account of how they had injected four cubic centimetres of serum, taken from a child convalescing from measles, under the skin of another child who had been exposed to, but had not yet contracted, the disease. It did not break out. The experiment was soon repeated and the earlier observations were confirmed. In 1920, Degkwitz, of Munich, was able to publish an account of 25 children who had been exposed to infection, but in whom the disease had been aborted by the timely injection of the serum of convalescents from

measles. Degkwitz, with whose name this epoch-making advance in medical science will always be associated in Germany, found that the concentration of antitoxin in the blood of a convalescent from measles is greatest between the seventh and the ninth day after the fever has disappeared. A little blood drawn from a convalescent in this stage is capable of aborting the disease in many children. From 70 to 80 cubic centimetres of blood may, with impunity, be withdrawn from a robust convalescent over the age of five years; and it is, of course, well to make sure by means of the Wasserman test that the donor of the blood is not suffering from syphilis.

The incubation period of measles is from seven to eighteen days, and is usually about fourteen days. Degkwitz has found that, when 2.5 cubic centimetres of the serum of a convalescent are injected before the fourth day of the incubation period, the recipient of the injection is not only protected from an immediate attack, but also for the next four years or so. The dose of this injection of serum must be doubled or trebled when the serum is given on the fifth to the sixth day of the incubation period, and after the eighth day of the incubation period it is practically useless to inject the serum, which appears to have little or no direct curative effect on fully developed measles, or measles just about to erupt. In 1922, Degkwitz showed that of 1,700 children exposed to infection with measles and given prophylactic injections of the serum of convalescents, from 97 to 98 per cent. had not developed measles with a rash. In no case had the injection of the serum had injurious effects.

Probably, measles is infectious from the fourth day before the appearance of the rash, so if a child, A, develops a rash, a child, B, who has been in contact with A may already be in

the fourth, but hardly in a later day of the incubation period. In other words, if B is given an injection of 2.5 centimetres of serum at once there is every reason to anticipate that the disease will be aborted. In Munich, Degkwitz has organized a system, already imitated in other towns, of serum centres for prospective measles cases. He has calculated that the serum of 300 convalescents is sufficient for 2,000 to 3,000 children who have been exposed to infection, and that if sufficient serum is forthcoming—and this is a big “if”—it should be possible annually to save the lives of about 26,000 children in Germany alone. In 1922, he calculated that he could obtain in Munich about 1,500 units of serum a year, the unit being 2.5 cubic centimetres of serum, and from this stock he was prepared to supply children's hospitals in Munich when they were threatened by epidemics of measles. His collaboration with general practitioners in the town is an example of common sense reciprocity. The general practitioner who finds Degkwitz a donor is assured that he will be provided with serum in a future emergency. The brothers and sisters of the donor are also promised free serum treatment should they require it.

It would, of course, be well if adults, who had contracted measles in their childhood, could be used as donors. Measles is a debilitating disease, and it is natural to hesitate to withdraw even a few drops of blood from a convalescent child. It seems that the blood of adults with a record of measles in childhood does possess protective properties, though to a less degree than is the case with the convalescent child. At all events we may hope that this recent advance in our knowledge of preventive medicine will rob measles of many of its terrors.—From “The World's Health,” September, 1924.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal

The Scout

By MABEL E. BOX, Student Nurse, General Hospital, Brandon, Man.

AS far as we know, the Brandon General Hospital is the only training school in which the Scout Movement is put on a working basis. By this statement we do not mean that all training schools and hospitals do not live up to the Scout standards—we know they do—but in our school we have a nurse who is known as the Scout and who is at hand to help whenever help is needed, whose duty it is to make things smoother between all the departments in hospital life.

At our annual meeting in October, our Superintendent first introduced the Scout idea, and since that time a senior nurse has been acting as Scout. The term is three weeks, and in that period the nurse comes to have a better understanding of the work in all departments and to realize as she never did before that her own small sphere is not the whole hospital.

The aim of the Scout nurse is to eliminate waste, whether it be the burning of unnecessary lights, running of taps, careless use of cleansing material, food allowed to deteriorate, or the thoughtless and improper use and care of linen.

The Scout inspects the nurses' dining room each morning and frequently after meals, and in that way she will discover if there is any particular article that is not popular and is, therefore, being wasted; or she may suggest in the diet kitchen that

some food is especially well liked and may be served oftener or in larger quantities.

On the wards she is in one of the kitchens at meal time to watch the serving of the trays, noting the length of time which it takes to serve the meal and whether the required number of helpers are present. By having the staff properly detailed to their own special work in connection with serving and carrying out, the meals are taken to the patient while they are hot, and, as far as is possible with the diet the patient is allowed, the fancies of each are catered to. Inspecting the refrigerator, checking over the diet slips and seeing that the floor has adequate supplies on hand are also part of the work.

The linen cupboards on the wards and the linen slips for the day's supply are checked over and compared with the supply on hand in the linen room. The Scout may be able to tell the workers in the linen room of unusual cases which require more linen than ordinarily and she can suggest as to where the old soft pieces of material will be the most serviceable.

To many of us who first visited the laundry in our capacity of Scout the appalling amount of linen handled each day was a real and startling revelation. The intricate mechanism of the plant, combined with the manifold services rendered brought a more thorough understanding of the trials in this department.

Turning again to the floors, the Scout may save much unnecessary expense by turning off lights in corridors and empty rooms, which other people are generally too busy to think about, but any one who has put in a term at turning off lights and running taps is not likely to forget her lesson when she goes back to work on the wards. The number of times we find a tap running which could be shut off by a little extra twist is certainly surprising, and until we have seen these things for ourselves we can scarcely credit them when we are told about them. All the departments in the hospital are open to the Scout. In this way she learns much that is interesting and instructive.

It is a very simple matter for the Scout nurse to live up to the rule of

kindness. There are numberless small kindnesses she may do each day which will make life in the institution an easier matter for both patients and nurses: the letter the patient is too weak to write, combing hair when the wards are busy, making up charts, staying with anaesthetic patients, helping in a rush-time in the operating room, serving meals on a floor that can ill afford to have all the nurses occupied with the trays at meal time, or possibly just taking time to listen to the patient who wants so badly to talk to some one and to whom the nurses on the floor have not time to listen. Instead of one kind act a day, the Scout nurse has the opportunities to perform many kind and thoughtful deeds and make her presence on the wards a real help and incentive to those around her.

Civilization Extends Average Life of Man

Figures have been collected to show that the stories of longevity from the heroic ages are legends and that civilization has increased, not shortened, the span of human life.

The average span of life in Rome under the Caesars was 18 years. Average of life in France before the revolution was between 28 and 29 years. In 1800 it was 32 years. As France was fighting more under Napoleon than under the Bourbons, and consequently losing more men on the battlefield, this lengthening of life must be accredited to something other than peace. On the other hand, during the fairly peaceful period that followed the final downfall of Napoleon the span of life increased till in 1850 it had reached 37 years. In 1880 it had risen to 40 years, and before the war of 1914 it had reached the respectable average of 46 years.

The fact that the average span of life has been on the increase century by century is also demonstrated by

statistics regarding the lives of celebrated men. During medieval times the average life of outstanding personages was 62 years. This increased in the nineteenth century to 68 1-3 years. At present it has reached the respectable figure of 71 years.

Literature gives us a few pointers on the manner in which the past ages regarded man's years. Today we do not think a man old until he is touching the 60 mark. In the Middle Ages literature depicts the noble fathers of the Spanish theatre as men of about 45 years. Molière calls a man of 40 a "vieux barbon."

Civilization, with its bustle and intensity, may have cut a few years off the strong men, who in olden times lived a peaceful existence on the farm, but it has given life to millions who never would have enjoyed life otherwise, and has increased by more than a score of years the stay of the average person on earth.



Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

Army Nursing in the Crimean War

It is difficult for those who nursed during the World War of 1914-18 to realize that the organization under which they served, and the discipline which governed the thousands of nurses scattered throughout the area, was not an old-time order but the outcome of less than sixty years. When one recalls the detailed organization of a modern Military Hospital and the various departments involved—with their relationship one to the other—it is amazing to think how many of these details were conceived in the mind of one woman. It has been said of Florence Nightingale that "The army of to-day is the result of her teaching. She changed the Medical Service from a curative service to a preventive service."

To enumerate, in a brief manner, a few of the departments concerned in the administration of a Military Hospital will serve to recall to us some of the activities of the Crimean War with which she identified herself. In the kitchens, where orderlies fought with each other to obtain their rations and an endeavor was being made to feed 2,500 men from a single cookhouse, Florence Nightingale was able to impress those in authority that an improvement in dining halls and in cooking meant improvement in health. In her "Notes Affecting the Health, Efficiency and Hospital Administration of the British Army," which was circulated amongst the most influential people,

she dealt with the art of diet and cooking for the army, the washing, and the organization of canteens and all departments of Army Medical Administration. How real it all seems as we read of her endeavor to get the necessary stores for distribution to the soldiers, and her chagrin when informed that her requisitions must go before a Board of Survey! From private funds she purchased shirts and socks, writing paper and hospital comforts. She established reading rooms and cafes. She endeavored to persuade the men to save their money, and restrain from the vice and drunkenness that played so vital a part in the life of a soldier. By persistent effort she awakened the interest of those in authority to the very unsanitary conditions of hospital and barrack. Cholera and typhus were everywhere; camps were overcrowded, infected with vermin and disease. A system of sanitation was devised and three sanitary commissions appointed, and the death rate fell rapidly. When the hospitals were taken over by Miss Nightingale there were neither basins, towels, soap nor brooms. Clean linen was unknown. She bought from her own funds boilers and tubs and engaged soldiers' wives to do the work, and at last procured clean linen free of vermin.

A revision of the orderlies' work and the entire personnel was made, and of injustices in pay and labor. In this connection a scheme by which

the nurses should have the necessary independence of existence was adopted and a place allotted to them in the military organization. It is true that foremost among her problems was the anxiety of managing the women who accompanied her on this first experiment of taking women into the actual theatre of war. Only half of those who left England with her were retained as suitable. The Rules and Regulations drawn up by Miss Nightingale at that time give us a small idea of the problems that confronted her. They defined

the amount of spirituous liquor allowed; forbade flowers and ribbons to be worn and walking out except in parties of three.

There were women nurses before Florence Nightingale's time, but she broke down the barriers which kept women of education outside the useful work of the community, and paved the way for the multitudes of nurses who since have given service to their King and Country: justifying principle of army nursing and raising the standard of this branch of service to the highest plane.

News Notes

BRITISH COLUMBIA

The quarterly meeting of the Overseas Nursing Sisters' Club was held at the Cosy Corner Tea Room, Vancouver, on January 20th at 8 p.m., the attendance being very good. The principal part of the programme was taken up with the election of officers and votes of thanks to the retiring President, Miss Matheson, and her able assistants. The present officers are as follows:—President, Mrs. F. Shepherd; Vice-President, Mrs. Bradford Hayes; Secretary-Treasurer, Mrs. W. R. Macdonald; Executive—Mrs. George Macintosh, Miss M. Shand and Miss E. Collis; Convener Social Committee, Mrs. C. A. Bell; Press Convener, Mrs. H. L. Stark; Sick Visiting, Miss Bennett. The next meeting will be held at Shaughnessy Military Hospital on the third Wednesday in April.

The many friends of ex-Nursing Sister Meta Dickinson ("The Duchess") will regret to learn of her death, which occurred about September 28th, 1924, at Bournemouth, England. Miss Dickinson met with an accident while cycling, which resulted in her death.

MANITOBA

Miss E. F. Hudson, M.R.R.C., has been appointed District Superintendent of the Nursing Divisions of the St. John's Ambulance Brigade, and Miss A. J. Attrill, R.R.C., Divisional Superintendent of the Fort Garry Division in the same Association, which arranges classes in First Aid and Home Nursing. These two Sisters have been members since pre-war days.

Mrs. A. McKean (F. W. Whittick, R.R.C.) has recently undergone an operation in the Winnipeg General Hospital and is making favorable progress. She had been

in indifferent health for some time and we now extend to her our good wishes for a speedy recovery.

A successful "bridge" and "500" was held on January 16th by the Manitoba Association of Graduate Nurses in the reception rooms of the Winnipeg General Hospital to augment their Overseas Memorial Fund, with which they hope to endow a hospital bed for sick nurses. Musical selections were given at intervals and refreshments were served at the close of the evening. The guests numbered about two hundred.

The Executive and Committee of the Manitoba Nursing Sisters' Club were entertained at Deer Lodge Convalescent Hospital on Tuesday, February 3rd, by Mrs. A. D. McLeod and Miss O. Garland, when they met to discuss business relative to the annual meeting to be held on February 17th.

Miss Meta Hodge, Reg.N., M.M., has been doing private duty work in New York since the summer. Recently she has been nursing an English baronet, whom she accompanied to England with his family, occupying the suite on the "Beren-garia" lately used by the Prince of Wales. She is now with them at Cannes (France).

ONTARIO

N/S Edith McAlpine has returned to Toronto from China, where she has been attached for the past two years to the nursing staff of the hospital connected with the China Medical Board.

N/S Winnifred Godard and N/S Mackenzie (Isabel Lord) are also on duty at the above hospital, and will likely remain there for another year.

News Notes

BRITISH COLUMBIA

A general meeting of the Graduate Nurses' Association of British Columbia was held at the Royal Jubilee Hospital, Victoria, January 24th, 1925. Meetings of the Nursing Education and Public Health Committees were held in the afternoon, followed by a meeting of the Council.

The meeting of the full Association was held at 9 p.m. at the Nurses' Residence, Royal Jubilee Hospital, with the President (Miss Breeze, R.N.) in the chair. Reports were received from the Public Health Nursing Committee and from the Nursing Education Committee, which reported that the desired arrangements for a four days' institute for all branches of nursing had been made and would be held immediately after the annual meeting of the Association, on April 15th, and following days, under the auspices of the University of British Columbia, the programme to be arranged under the convenership of Miss E. I. Johns, R.N.

The report of the registrar was given, with the number of students writing on the November examinations, and the results. Miss E. I. Johns, as secretary pro tem. of the Examining Board, reported on their findings.

The announcement was made by the President that the annual meeting will be held in New Westminster on Easter Monday and Tuesday, April 13th and 14th.

An address was then given by Dr. Lamb on The Anti-Tubercular Propaganda work in British Columbia, which was much enjoyed. Songs by Mrs. Jamieson were appreciated by the large number of nurses present. Refreshments were served in the afternoon to members of the several committees and again at night at the close of the evening's programme by the Victoria Graduate Nurses' Association, assisted by the staff of the Royal Jubilee Hospital.

At the Provincial Examinations held in November, 1924, for those desirous of obtaining the title of Registered Nurse, the following passed, in order of merit:—Misses H. Bennett, D. Rogers, Anne Hedley, Helen Monro, Margaret Buck, Ursula Whitehead, Grace Kellock, Anne Cawthorne, Tassie Monro, Edith Paige, Lillian Hartley, Rosa Macdonald, K. Trainer, E. Packham, A. Wright, M. McCreery, B. Kellar, Mary Walker, Ruth Wade, M. Page, G. Ridley, L. Stewart, G. Curran, A. Dalton, L. Boulton, G. Lee, Sybil Watson, M. Davie, F. McCauley, R. Smith, A. Helms, D. Ransom, M. Murphy, R. Moulton, A. O. Jones, R. Owen, G. Cowan, F. Waltham, S. Hill, W. Black, R. Bolivar, M. Purdey, H. Murray, F. Netherton, D. Mowat, A. Wood, A. Eustis, E. Doig, L. Eastman, S.

Hirst, G. Brooke, D. Coulter, D. Lambert, B. Bailey, K. Townson, E. Clemens, F. Spaddier, F. Rumming, M. Head, M. Black, P. Wightman, V. Miller, E. Thornton, J. Gibson, M. Service, E. Litt, R. Arcand, M. McGibbon, Jean Torrance.

The following passed supplementary examinations and are now eligible for the R.N. certificate also: Misses D. Hume, R. Waterman, M. Mack, F. Newman, R. Wellwood, A. Parnaby, M. Austin, E. E. Cook, D. Atkin, H. Bradshaw, M. Dolan, L. Frank, B. McCall, E. Nock, L. Sproule, E. Swanson, A. Wilson, E. Wilson.

Ninety-seven candidates wrote on these examinations. Miss Helen Bennett and Miss Dorothy Rogers, who took first and second place respectively, were students at the Vancouver General Hospital.

G.N.A., Victoria

The Association made the occasion of their twentieth anniversary meeting something out of the ordinary—a theatre party and supper preceding the business session. The President gave an interesting address, which was followed by the report of the Secretary. In reviewing the chief activities of the year, the Secretary mentioned the furnishing of the memorial room in the new wing of the Jubilee Hospital. Members elected to office for the ensuing year were:—Hon. Presidents, Miss Jessie F. MacKenzie and Sister Mary Elfrida; President, Miss Ethel Morrison; Vice-Presidents, Miss E. O'Brien and Mrs. J. M. Fowler; Secretary, Miss Gregory Allen; Assistant Secretary, Miss V. Collins; Treasurer, Mrs. E. A. Dixon; Treasurer of the Sick Benefit, Mrs. L. S. V. York; Executive—Mrs. Osborne, Miss Currie, Miss Craighead, Mrs. Connell and Miss Whillans.

ALBERTA

Alberta Association of Registered Nurses

Nursing Sister Elizabeth McDougall, A.R.R.C., who has been on the staff of the Central Alberta Sanitarium for the past few months, has given up her position to return to her home at Winifred, Alta.

Miss Edith Hunter, who has been on the staff of the Belcher Hospital, has taken three months' leave of absence, and intends spending this time in California. Miss Jessie Peat-Gordon is relieving for her during her term of absence.

Miss Mary A. Kilgannon, a recent graduate of the Holy Cross Hospital, has been notified by Cecil E. Race, registrar of the University of Alberta, that she obtained the highest standard in the province in the professional examinations for the registration of nurses. This entitles her to the scholarship which is awarded by the Association of Graduate Nurses, and con-

sists of a purse of \$200. This is given to aid in a post-graduate course.

Calgary G.N.A.

The Association gave a very successful bridge party on December 8th, 1924. Many of the nurses and their friends enjoyed a pleasant evening.

Several interesting and instructive lectures have been given at the regular meetings of the Association. Among these were lectures by Dr. Merritt on Epidemic Encephalitis, and by Dr. Baker on Tuberculosis, illustrated, and showing X-Ray plates.

Lamont Public Hospital

Miss Eleanor Palmer and Miss Mary MacTaggart (1924) are at present doing floor duty at the University Hospital, Edmonton.

Miss Ruth Hulett (1924) has accepted a position at Hafford Hospital, Hafford, Sask.

Miss Ada Sandell (1923), who has been accepted for missionary work in China, is at present working among the Italians at Copper Cliff, Ont. On account of the unrest in China, she will probably remain in Canada for some time.

L.P.H. graduates, who are at present on the nursing staff of the Lamont Public Hospital, are Miss Mary MacCallum, who is Assistant Superintendent of the Training School, and Miss Augusta Riske, who is in charge of the O.R.

Miss Caroline French (1922), who has spent two years in Alaska, in the service of the U.S. Government, as missionary-nurse to the Eskimos, expects to return home in June.

Miss B. Smithson (1924) is in charge of the hospital at Elk Point, Alta.

Miss R. Boutillier (1924) is at present visiting relatives at Halifax, N.S. Miss Boutillier expects to remain in Eastern Canada for some time.

G.N.A. Medicine Hat

One of the most successful events in connection with the Graduate Nurses' Association took place on Monday evening, January 19th, 1925, in the Park Hall, when forty tables were provided for an evening of bridge and five hundred. Throughout the evening, bright musical numbers were voluntarily contributed by an impromptu orchestra. After supper dancing was enjoyed for several hours. The funds realized enabled the Graduate Nurses' Association to make donations to "The Canadian Nurse" and the Hospital Aid Association of Medicine Hat.

SASKATCHEWAN

The regular monthly meeting of the Saskatoon Graduate Nurses' Association was held in the City Hospital Nurses' Home, on Monday evening, February 2nd,

1924. Following the business meeting, Dr. Andrew Croll gave a very interesting and instructive address on the subject of cancer.

Miss Emily J. Sproule (Saskatoon City Hospital, 1922), who has been on the staff of the Saskatoon City Hospital, has resigned her position to take a post-graduate course in the New York Nursery and Child's Hospital.

Miss Freda K. Winterbotham and Miss Myrtle G. Wilkins, graduates of the Regina General Hospital of 1924, have recently completed a post-graduate course in the Toronto Sick Children's Hospital and are now taking the course in the Chicago Lying-in Hospital and Dispensary.

Miss Doris M. Barret (Regina General Hospital, 1924) is taking a post-graduate course in the Chicago Lying-in Hospital and Dispensary.

MANITOBA

The annual meeting of the Manitoba Association of Graduate Nurses was held January 27th and 28th, 1925. The meetings were very well attended and the plan of holding a two-day session was felt to be a success.

An excellent programme was provided by the committee, of which Miss A. E. Wells was the convener. The Invocation was, as usual, by Ven. Archdeacon McElheran, and Lady Aikens opened the meeting with a very delightful address. The other speakers were: Mrs. R. F. McWilliams, who gave a most interesting talk on world affairs during 1924; Mrs. R. A. Rogers, who spoke on the Child Welfare Act, giving details of how it was drawn up and what it is expected to accomplish; and Prof. R. C. Wallace, who spoke on medical and other problems of the North.

Concurrent sessions of the Nursing Education, Public Health and Private Duty Sections were carried on from 2-3 p.m. Wednesday. This was felt by the members of all three sections to be a very profitable hour. Later, three excellent five-minute-talks were given: "How to Encourage Membership," by Mrs. J. F. Morrison, discussion led by Miss E. Caruthers; "How to Enthuse an Organization," by Miss Christine McLeod, discussion led by Miss Jean Wilson; and "Is Our Organization Realizing Its Responsibilities," by Miss M. Martin, discussion led by Miss E. Russell. Many excellent suggestions were brought forward and it is hoped that the Association will benefit by them. The meeting closed with the election of officers.

On Wednesday evening a delightful reception and musicale was held in the Nurses' Home of the Winnipeg General

Hospital. The nurses and their friends were received by Miss M. Martin and Miss E. Russell, and everyone had a very enjoyable evening.

The officers for 1925 were as follows: Misses E. Russell, C. McLeod, M. Martin, Bannatyne, E. Carruthers, S. Gordon, M. Wilkins, G. Hall, and Mary Bannister.

ONTARIO

Belleville General Hospital A.A.

Miss M. Tait and staff of the B.G.H. entertained their friends on Friday, January 9th, 1925, from four to six p.m. Miss Tait, Miss Wallace and Miss Collier received. The reception room was very prettily decorated for the occasion in red and green: red carnations, poinsettias and maiden-hair fern followed the color scheme. Red tulle surrounding a centre-piece of fern and poinsettias, with gay red candles, gave a note of charm to the table, which was presided over by Mrs. Tait and Mrs. Bumpstead, who were ably assisted by Miss Wallbridge. Dainty refreshments were served by the nurses, in uniform, and Mr. Roblin's musical selections on the piano were much appreciated by all present.

A very successful sacred concert was given at one of the theatres after church on Sunday evening, January 18th, 1925, under the auspices of the Belleville Hospital Alumnae. The programme consisted of musical selections and short addresses on the work of the Alumnae given by Mayor Mickel and Dr. J. Tower.

The nurses entertained recently at an informal social evening in honor of Miss Soutar, who is leaving the hospital soon, having completed her three-year course. The nurses' home was decorated for the occasion with bouquets of roses and carnations. "Our Boys" orchestra supplied good music. Refreshments were served, and in the course of the lunch Mr. R. Wotten, on behalf of Dr. Connor, presented Miss Soutar with a useful gift.

HAMILTON

Hamilton General Hospital A.A.

Miss N. E. McPherson has resigned from the staff of the H.G.H. and has accepted a position as Assistant Superintendent to Miss Grace Fairley, at Victoria Hospital, London, Ont.

Miss Zeta Teeter has accepted a position in the O.R. of the hospital at Grasslands, N.Y.

Miss Gregory has been appointed assistant in the O.R. of the H.G.H.

Mrs. McBride (formerly Miss Dela Clough) has been appointed House Mother at the Nurses' Residence.

Miss Godden has resigned because of ill-health and Miss Swayze has taken her position in charge of the O.P.D.

Mrs. Reynolds and Miss M. Hickey have opened a tea room, "The Sesrun," in Los Angeles, Calif.

Miss Elinore Davies has returned to private duty nursing in Hamilton after several years O.R. duty in the United States.

Mrs. Rose Hess is at present doing private duty nursing in Elmhurst, L.I., N.Y.

Miss Ida Murphy, who has been in New York City for a number of years, has returned to private duty nursing in Hamilton.

LONDON

St. Joseph's Hospital A.A.

A pretty wedding was solemnized at St. Michael's Church, London, on February 4th, 1925, when Miss Kathleen McCarthy, a graduate of St. Joseph's Hospital (1919) was united in marriage with Mr. Alexander Lobban. Miss Margaret Lobban, of Wyandotte, Mich., U.S.A., was bridesmaid. Following the ceremony a reception was held at the home of the bride's parents, after which the young couple left to spend their honeymoon in New York and Florida. On February 2nd Miss McCarthy was presented with a set of beautiful sherbet glasses by a group of her associate nurses.

The Alexandra Academy, prettily decorated and lighted, was the scene of one of the season's most charming affairs, when more than two hundred members and friends of the nurses of St. Joseph's Alumnae attended the seventh annual "At Home," sponsored by that organization, on Friday, January 23. The efficient committee had spared no effort in making every arrangement for the comfort of the guests, the result being one of the most successful affairs which the Alumnae has yet held.

Victoria Hospital A.A.

Dr. Harold Little gave an interesting and instructive address to the members of the Alumnae Association at the February meeting on "Infant Feeding."

Arrangements for a Valentine dance to be held in the Medical School Auditorium have been completed. Miss Ashplant was appointed convener of arrangements.

Miss Gladys Thompson (1920) was recently married to Mr. Guimby, of New York City.

Miss N. B. Armstrong, R.N., recently returned to town after spending the past three months in New York, where she took a post-graduate course, receiving a diploma with first-class honors. Miss Armstrong will resume her duties on the staff of the Victoria Hospital as a department superintendent.

At the February meeting of the "Edith Cavell" Association of Nurses held in the Institute of Public Health, Mrs. Jessel gave an enlightening and inspiring address on Social Service Work in New York City. Miss Blanche Rowe presided. Members

of V.H.A.A. were special guests. At the conclusion of the meeting refreshments were served.

A very satisfactory and comprehensive report was given at the annual meeting of the Victorian Order of Nurses by Miss Margaret Duffield, supervising nurse.

TORONTO

Toronto General Hospital A.A.

A reception was held at the Nurses' Residence of the Toronto General Hospital on Wednesday night, January 21st, in honor of the unveiling of Miss M. A. Snively portrait. The portrait, which the Alumnae had had painted by Mr. J. W. L. Forrester, of Toronto, is a very life-like and beautiful one.

Miss Gunn and Miss Clara Brown, President of the Alumnae, received the guests. Miss Brown then unveiled the portrait, and in a few well-chosen words spoke of the labor of love it had been to the graduates of the school to have this portrait painted. Mr. Blackwell, chairman of the Board of Trustees, accepted the picture on behalf of the hospital. Sir Joseph Flav-elle, Mr. I. H. Cameron and Dr. Alexander McPhedran spoke of Miss Snively's work as Superintendent of Nurses for twenty-five years, and expressed their appreciation of her valuable services, given to the hospital and to the nursing world. Refreshments followed the unveiling of the portrait, during which time Jardine's Orchestra furnished music. Many of the graduates of the school were present and enjoyed renewing acquaintances and meeting Miss Snively again. Miss Caroline Ross presented Miss Snively with a beautiful bouquet of spring flowers on behalf of the Alumnae.

The following changes have been made in the nursing staff of the Toronto General Hospital:—Miss Edith Ross (1923) resigned from the Private Operating Room and has been succeeded by Miss Stella Sewell (1924); Miss Marjorie Gall (1923) resigned as Assistant Night Supervisor of the Private Patients' Pavilion and has been succeeded by Miss Marion Patton (1924).

The regular meeting of the Alumnae Association of the Toronto General Hospital was held in the Nurses' Residence on February 4th, at 8 p.m., the President, Miss Clara Brown, in the chair. The reports of the various committees were submitted, and two letters of appreciation from Miss Snively were read. One acknowledged the bed-couch which the Alumnae gave her as a birthday gift; the other referred to the reception given her on the occasion of the hanging of her portrait. The report of the special committee appointed to look into the cost of a year book was given by the convener,

Miss Dulmage. It was felt by the Association that at present the funds were too low to undertake the printing of such a book, and a resolution was passed postponing the matter until the next regular meeting in April. It was further arranged that the Alumnae hold a "theatre night" some time before the April meeting to raise funds for the year's work. It is hoped that all members will arrange to be present at the April meeting as a large amount of important business is to be discussed. Refreshments were served at the close of the meeting.

Miss W. E. Nixon (1922) has been appointed industrial nurse for the Standard Oil Company, N.S.A., in Los Angeles, Cal. Miss Nixon, who assumed office the first of the year, is one of two such nurses on the whole of the Pacific Coast.

Miss Myrtle Rigg (1923) has left for Costa Rica, where she intends to carry on her nursing work as an industrial nurse with the United Fruit Growers' Association.

Hospital for Sick Children A.A.

Miss Helen Needler (1919) is in charge of the Children's Department at the new Civic Hospital, Ottawa.

Miss Mary Ingham (1916) is one of the Operating Room Assistants at the new Civic Hospital, Ottawa.

Miss Grace Palen (1922) is at the Rainbow Hospital, Cleveland, O., U.S.A.

Miss Beatrice Longstreet (1919) has taken the position of school nurse at Appleby Boys' School, Oakville, Ont.

Miss Darragh (1923) has returned from the Montreal General where she has completed a course in Operating Room Technique and will assume the duties of Instructor of Nurses at the Hospital for Sick Children.

Miss Cameron (1923), holder of the H.S.C. scholarship at McGill, has completed her course and returned to the Hospital for Sick Children as Instructor of the probationers.

Miss Norma Bolton (1923) has taken a position at the I.O.D.E. Preventorium, Toronto.

Miss Greta Gall (1922), having taken a course in Anaesthetics at the Hospital for Sick Children, has left for Formosa, with her mother and sister, where she will engage in missionary work.

Miss Marjorie Foy and Miss Grace Conway (1923) have been appointed to the Red Cross Outpost hospital at Dryden, Ont.

Miss Jean Griffin (1924) has been appointed Social Worker at the Children's Memorial Hospital, Chicago, Ill.

Miss Leslie and Miss Spence (1924) are in charge of wards at the Herman Kiefer Hospital, Detroit, Mich.

OTTAWA

Lady Stanley Institute A.A.

The following Lady Stanley graduates have received appointments in the new Civic Hospital, Ottawa:—Miss Janet Pritchard (1922), 2nd Assistant Superintendent; Miss Beatrice Lang (1923), 1st Assistant in the O.R.; Miss Jean Blythe (1917), Nurse Technician, X-Ray Department; Miss B. V. Hughes (1912), Supervisor of the Soldiers' Ward; Miss Manchester (1913) and Miss Pridmore (1914), Supervisors of floors.

Miss Mabel Stewart (1920), formerly superintendent of the Protestant General Hospital, Ottawa, has been appointed Lady Superintendent of the Royal Ottawa Sanatorium, Ottawa, Ont.

Miss Loretta Belford (1914) is the new Superintendent of the Perley House for Incurables, Ottawa.

Miss Nora Gillespie (1920) is doing private nursing in Detroit, Mich.

Miss Jean McEwen (1917) is doing Public Health nursing with the V.O.N., Ottawa.

Miss Susan Rorke (1909), of the Shengango Valley Hospital, Newcastle, Penn., is spending the winter at her home in Ottawa.

Miss Kate Hartley (1920), Miss Kathleen Barrett (1922), and Miss Olive McLean (1924) have positions in the United Hospital, Port Chester, N.Y.

Miss Helen Roberts (1923), Miss Bessie Taylor (1923), and Miss Laura Hunt (1923) have accepted positions at the Women's Hospital, Flint, Mich.

Miss Gladys Read (1924) is in charge of a ward at Mt. Hamilton Hospital, Hamilton.

Miss Florence Potts (1901), Director of Nurses, Shriners' Hospitals for Crippled Children in North America, spent the Christmas vacation at her home in Ottawa.

Miss Jean Wilson (1909), Executive Secretary, C.N.A., spent Christmas with her parents in Ottawa.

ST. CATHARINES

Mack Training School. General and Marine Hospital, A.A.

A pleasant evening was spent on January 6th at the Nurses' Home, when the Alumnae Association of the Mack Training School, General and Marine Hospital, held a reception and gave a dance to the doctors and their wives, student nurses, and friends, in honor of Miss Harriet Meiklejohn, newly-appointed Superintendent. Dancing, with Cotton's Orchestra in attendance, was enjoyed in the drawing room, while several tables of cards were in the prettily decorated dining room. Dainty refreshments were served, closing a delightful evening.

QUEBEC

MONTREAL

Royal Victoria Hospital A.A.

A recent guest of the Alumnae Association was Miss Alice Shepherd Gilman, Chairman of the New York State Board of Examiners, who spoke to the members on "Registration." An invitation to attend was extended to all graduate nurses in Montreal, and many were present at the meeting.

Miss Mildred Hammond and Miss Helen Richardson (1922) have gone to Honolulu to take positions in the hospital there.

Miss Muriel Payne (1924) has been appointed charge nurse at the Holt Memorial Hospital, New York.

Miss Stella Orr (1917) is Superintendent of Emerson Hospital, Concord, Mass.

Miss Gladys French (1914) has been appointed Supervisor at Madison Church House, New York.

Miss Muriel Bate (1921) has been appointed charge nurse at St. Bartholomew's Hospital, New York.

Miss Kathleen Sanderson (1921) has returned to Montreal after taking a course in Public Health Nursing at the University of Toronto.

Miss Jean McKibbin (1915) is spending the winter in Florida.

Miss Kathleen Bliss (1915) is opening a convalescent home at Smith's Falls, Ont.

The following has been contributed by A. M. H. and M. A. S. (R.V.H., Montreal, 1898), classmates of the late Emily H. Freeland:—In loving memory of our dear friend and classmate, Emily H. Freeland, who passed away at her home 285 Mountain Street, Montreal, on January 12th, after a very brief illness. Miss Freeland was a graduate of the R.V.H., class 1898. On graduating she filled the position of Head Nurse of different wards, and after leaving the hospital did private nursing for a time, finally taking on the duties of office nurse for Dr. W. W. Chipman, which position she held for fifteen years—up to the time of her death. For some years she was in failing health, but always brave and cheerful, with a smile and encouraging word for the patients and sufferers with whom she came in contact, and who have voiced many expressions of affection and of gratitude for her sympathy and care. To us, her friends and classmates, the loss of a bright and capable colleague is irreparable, but she has left the inspiration of a brave spirit to "carry on." The hospital and Alumnae Association have lost a loyal friend and supporter. To Dr. Chipman, with whom she was so closely associated, we would like to pay a grateful tribute for his kindness and consideration to one who was so dear to us. To her sister and to her devoted friend we

extend loving sympathy, with the comforting thought, "the loved one has gone where partings are no more," there to await their coming.

Children's Memorial Hospital A.A.

Miss Ross (H.S.C.) has accepted a position as charge nurse of the infant ward.

We regret very much to announce the resignation of Miss Scott, who is returning to Toronto, where she has accepted a position on the nursing staff of the Toronto General Hospital.

Miss Davidson (C.M.H., 1924) is in charge of wards "G" and "B".

Homeopathic Hospital A.A.

On Wednesday, January 21st, 1925, Miss Janet B. Rodger (Homeopathic Hospital, 1906) was entertained by the nurses' Alumnae Association at a miscellaneous shower in honor of her approaching marriage. The board room of the hospital where the event took place was prettily decorated for the occasion, and a large number of the nurses were there to meet Miss Rodger, who was the recipient of many beautiful and useful gifts, and the hearty good wishes of her fellow-nurses. Mrs. Allan and Miss Jean Lindsay poured coffee, and the ices were cut by Miss E. Routhier.

SHERBROOKE

Sherbrooke General Hospital A.A.

The Sherbrooke Hospital Alumnae Association held their annual meeting on January 31st. The chief item on the programme was the election of officers for the current year. The new officers are as follows:—President, Mrs. Roy Wiggett; 1st Vice-President, Miss E. Buchanan; 2nd Vice-President, Mrs. Gordon Mackay; Corresponding Secretary, Mrs. Wm. Giovetti; Recording Secretary, Mrs. Guy Bryant; Treasurer, Miss E. Morrisette; Executive Committee—Mrs. Colin Campbell, Mrs. Charles Bartlett, Mrs. A. H. Baker, Miss I. Brash, Miss Nora Arguin; Correspondent to "The Canadian Nurse," Miss Gladys White. The Social and Programme Committees were also elected.

G.N.A., Eastern Townships

The Graduate Nurses' Association of the Eastern Townships is doing relief work this winter in co-operation with the Victorian Order, Sherbrooke, Que.

At Christmas time six baskets were packed with food, clothing, etc., and left at the homes of needy families.

A donation of money was given to the I.O.D.E. War Memorial Tubercular Sanitarium, which is a splendid work that is being maintained and carried on by the I.O.D.E. of Sherbrooke, Que. Miss Dodds (Montreal General Hospital) is in charge of the Sanitarium.

Miss Grant, Vice-President of the Association, has gone to New York to do private nursing.

NOVA SCOTIA

Miss Lauchlin K. MacInnes, Reg.N., Acting Chief Nurse of the Massachusetts-Halifax Health Commission, Halifax, is spending a well-earned vacation visiting friends in Boston, New York and Pennsylvania. Before returning Miss MacInnes plans to visit the Public Health demonstrations in New York City, Boston and Montreal.

Miss Esther M. Beith, Reg.N., recently appointed Superintendent of the Dalhousie University Public Health Clinic, has returned to her native city to deliver a series of ten lectures to the Class in Public Health Nursing, University of Toronto, Toronto.

Mrs. Clara Belle Bligh, Reg.N., of the staff of the Massachusetts-Halifax Health Commission No. 2, Dartmouth, N.S., has recently returned from a month's vacation. While away Mrs. Bligh visited the Public Health demonstrations in Boston, Mass., Toronto, and Montreal.

On December 9th, 1924, the Graduating Exercises of the Victoria General Hospital were held at the School for the Blind, when twenty-one graduates received their diplomas. The Gold Medal was won by Miss Elmina Snow for the highest average in class work. The Alumnae prize was won by Miss Arabella MacInnis. This prize is given yearly by the Alumnae Association to the nurse ranking highest in general efficiency. Diplomas were received by: Misses Myrtle MacLean, Florence Hayman, Helen Beliveau, Elizabeth Corbin, Katharine Matheson, Laura Grayley, Katharine Campbell, Nellie McPhail, Myrtle Sanford, Jennie McInnis, Violet Creaser, Helen Mitchell, Anna MacKenzie, Beatrice Amirault, Myra Turlong, Nellie MacDonald, Arabella Innis, Amelia Lacey, Ada Keddy, Sadie Crook and Miss Elmina Snow.

The December meeting of the Nova Scotia Graduate Nurses' Association was held at the M.H.H.C. No. 1. The following officers were elected:—President, Miss Laura M. Hubley, Reg.N.; 1st Vice-President, Miss Margaret E. MacKenzie, Reg.N.; 2nd Vice-President, Miss Agnes Carson, Reg.N.; Recording Secretary, Miss Laura A. Dunlap, Reg.N.; Corresponding Secretary, Miss Veronica C. White, Reg.N.; Treasurer, Miss Marjorie E. Trefry, Reg.N. The business meeting was followed by a bridge and dance, at which about two hundred guests were present.

At the December meeting of the Victoria General Hospital Alumnae Association the following officers were elected:—President, Miss Florence A. Fraser, Reg.N.; 1st Vice-President, Miss Margaret E. McKenzie, Reg.N.; Secretary, Miss Josephine Cameron, Reg.N.; Treasurer, Mrs. Glen Donovan, Reg.N.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

- SIMPSON—On January 23rd, 1925, at the Cottage Hospital, Toronto, to Dr. and Mrs. R. Simpson (nee Elizabeth Wheaton, T.G.H., Toronto, 1923), a daughter.
- BREITHAUP—On December 31st, 1924, at Kitchener, Ont., to Mr. and Mrs. W. W. Breithaupt (nee Gertrude Hughes, T.G.H., Toronto, 1920), a son.
- TESKIE—On February 7th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. L. Teskie (Margaret McGillivray, T.G.H., Toronto, 1918), a son.
- GOLDEN—On February 1st, at 26 Colin Avenue, Toronto, Ont., to Mr. and Mrs. Daunt Golden (N/S Margaret Johnston), a daughter.
- POLLOCK—At Toronto, to Mr. and Mrs. J. J. Pollock (nee Evelyn Davison, W.G.H., 1918), a son.
- DARLING—On January 3rd, 1925, to Mr. and Mrs. J. A. Darling (Margaret A. Turner, St. Paul's Hosp., Saskatoon, 1919), of Colonsay, Sask., a daughter.
- LOWE—On January 3rd, 1925, to Mr. and Mrs. A. H. Lowe (Clara Goddard, Jubilee Hosp., Victoria, 1919), of Tuxford, Sask., a daughter.
- MACRAE—On December 24th, 1924, at Badeck, Cape Breton, to Dr. and Mrs. William MacRae (Nan Hart, R.V.H., Montreal, 1922), a son.

MARRIAGES

- MORRISON—POLLARD—On January 1st, 1925, at New Westminster, B.C., Nursing Sister May Pollard to W. L. Morrison. Mr. and Mrs. Morrison will reside at 2645 Colbourne Avenue, Burnaby, New Westminster, B.C.
- JACQUES—DELL—On January 31st, at St. John's Church, Thorold, Ont., Ethel Agnes Dell (M.T.S., G and M., St. Catharines, 1922), to R. A. Jacques, of Thorold.
- MARCHESAULT—BROWN—On January 17th, 1925, at Montreal, Jessie Brown (Children's Mem. Hosp., Montreal, 1924), to Augustave Marchesault, of West Shefford, P.Q.
- BRAITHWAITE—HANNA—On Saturday, November 8th, 1924, at Wesley Methodist Church, Toronto, by the father of the bride, Evelyn Mae, youngest daughter of the Rev. W. A. and Mrs. Hanna, of Delta, Ont., to Joseph H. Braithwaite, of Toronto. Mr. and Mrs. Braithwaite are residing at 45 Deloraine Avenue, Toronto.
- SAGAR—DOUGLAS—On August 27th, 1924, at Vancouver, B.C., Etta S. Douglas (V.G.H., Winnipeg), to William Sagar, of Anyox, B.C.

WARNER—WATTS—On December 23rd, 1924, at Kingston, Ont., at the home of the bride's parents, 296 Frontenac Street, by the Rev. J. A. Waddell, assisted by the Rev. Dr. R. H. Bell, Myrtle Roberta, only daughter of Mr. and Mrs. H. W. Watts, to George W. Warner, B.S., of St. Joseph d'Alma, Que.

LOGAN—ALTHOUSE—On February 2nd, 1925, at Vancouver, B.C., Edna Earl Althouse (Regina General Hospital, 1918) to Frank R. Logan, of Regina.

DWYER—O'BRIEN—On January 23rd, 1925, at St. Leo's Church, Westmount, P.Q., Rose Mary O'Brien (R.V.H., Montreal, 1914) to William Dwyer. At home in Chaffey's Locks, Ont.

ROSS—RODGER—On January 28th, 1925, at the home of Mrs. Wm. Rodger (mother of the bride), Ormstown, Que., Janet Brunet Rodger (Homeopathic Hospital, 1906) to John Stewart Ross, of Atholstan, P.Q.

PARKHURST—BRAKE—On Saturday, January 31st, 1925, Athlee M. Brake, daughter of Mr. and Mrs. H. F. Brake, Kent Street, Hamilton, Ont., to A. J. Parkhurst, Supt. of Ontario Gypsum Co., Caledonia, Ont.

LOBBAN—McCARTHY—On February 4th, 1925, at St. Michael's Church, London, Ont., Kathleen McCarthy (St. Joseph's Hosp., London, 1919) to Alexander Lobban.

CLARKE—PORTER—On Wednesday, January 14th, at "The Manse," College Street Presbyterian Church, Toronto, Olive Porter (T.G.H., 1921) to Edgar Clarke, of Toronto. Mr. and Mrs. Clarke will live at 153 Rose Ave., Toronto.

EMERY—MINNES—On Wednesday, January 21st, at Kingston, Ont., Annie Isobel Minnes (T.G.H., 1918), to Desmond Joseph Emery.

TAYLOR—CLAPP—On Saturday, December 27th, 1924, at St. Mary's Church, Oak Bay, Victoria, B.C., Jacqueline Clapp (H.S.C., Toronto, 1920) to Thomas F. Taylor.

McLELLAND—LEACH—On December 29th, 1924, Maisie Leach (H.S.C., Toronto, 1919) to Dr. Harold McLelland, Mimico, Ont.

DEATHS

DICKINSON—On September 28th, 1924, at Bournemouth, England, Nursing Sister Meta Dickinson, formerly of the Canadian Army Medical Corps.

BAILEY—On February 3rd, 1925, at Cookshire, Que., Mildred Bailey (R.V.H., Montreal, 1923).

LOWE—On January 18th, 1925, at Tuxford, Sask., the infant daughter of Mr. and Mrs. A. H. Lowe (Clara Goddard, Jubilee Hospital, Victoria, 1919).

SKETCH TOURS IN FINLAND

For Visitors to the Congress of Nurses, Helsingfors, 1925

(a) Helsingfors, Viborg, Imatra, Nyslott, Kuopio, Kajana, Uleaborg, Helsingfors—nine days. **Fmk. 1,929.-50.**

(b) Helsingfors, Viborg, Imatra, Sordavala, Valamo, Sordavala, Punkaharju, Nyslott, Willmanstrand, Helsingfors—five days. **Fmk. 1,083.-75.**

(c) Helsingfors, Viborg, Imatra, Sordavala, Valamo, Sordavala, Koli, Joensuu, Nyslott, Punkaharju, Nyslott, Willmanstrand, Helsingfors—eight days—**Fmk. 1,728.**

(d) Helsingfors, Viborg, Imatra, Sordavala, Valamo, Sordavala, Koli, Nurmes, Kajana, Vaala, Muhos, Uleaborg, Helsingfors—nine days. **Fmk. 2,104.75.**

(e) Helsingfors, Viborg, Imatra, Sordavala, Valamo, Sordavala, Punkaharju, Nyslott, Kuopio, Kajana, Vaala, Muhos, Uleaborg, Helsingfors—eight days. **Fmk. 1,669.25.**

(f) Helsingfors, Imatra, Punkaharju, Nyslott, Willmanstrand, Helsingfors—four days. **Fmk. 1,055.75.**

(g) Helsingfors, Kuopio, Nyslott, Punkaharju, Sordavala, Valamo, Sordavala, Imatra, Viborg, Helsingfors—five days. **Fmk. 1,249.75.**

(h) Helsingfors, Tavastehus, Palokane, Kangasala, Tammerfors, Helsingfors—two days. **Fmk. 488.25.**

(i) Helsingfors, Willmanstrand, Imatra, Viborg, Helsingfors—three days. **Fmk. 669.75.**

(j) Helsingfors, Lahti, Jyväskylä, Kajana, Vaala, Muhos, Uleaborg, Helsingfors—five days. **Fmk. 1,232.-75.**

N.B.—The prices are given in finmarks, about 40 of which make one American dollar.

MEMBERS OF THE INTERNATIONAL COUNCIL

The members of the International Council of Nurses are national organizations of nurses which include all branches of the nursing profession and in which the standards are in accord with the constitution of the International Council. There can be only one member association in each country.

The following are the present members of the International Council of Nurses:—

The American Nurses' Association, U.S.A.

Associazione Nazionale Italiana tra Infermiere, Italy.

Berufsorganisation der Krankenplegerinnen Deutschlands, Germany.

The Canadian Nurses' Association.

Dansk Sygeplejersaad, Denmark.

Federation Nationale des Infirmieres Belges, Belgium.

The National Council of Trained Nurses of Great Britain and Ireland.

The New Zealand Trained Nurses' Association.

Norsk Sykepleierske-Forbund, Norway.

Nosokomos, Holland.

The Nurses' Association of China.

Sjukskoterskeforeningen i Finland.

The South African Trained Nurses' Association.

The Trained Nurses' Association of India.

The Canadian Nurses' Association will be represented at Helsingfors in July by their delegates who were duly appointed at the general meeting in Hamilton, June 23rd-25th, 1924. These were the President and Past-Presidents of the Association. Any member of the Canadian Nurses' Association will be welcomed at the Congress in Helsingfors.

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Names of candidates wishing to write must be in the office of the Registrar not later than April 5th, 1925.

Full instructions to candidates may be obtained from the Registrar or at hospitals where examinations are to be held.

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and

THE Manitoba Nurses' Central Directory

Registrar—ELIZABETH CARRUTHERS, Reg. N.
Phone B 620

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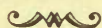
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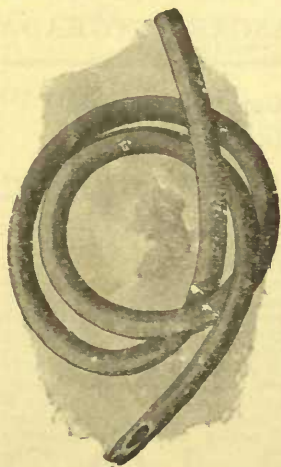
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Radium

By A. BERCOVITCH, M.D., C.M., Montréal, Que.

ALMOST daily one is surprised and depressed to learn how little many physicians and surgeons really know of the actions and value of radium. What it is; what it does to tissues, normal as well as pathological; what its limitations are, and what are its legitimate fields.

There are certain people who will not admit that radium has an unique value because it will not always cure. As a matter of fact we are obliged every day to have recourse to methods of treatment which we know are not infallible cures, for example the treatment of cancer by surgery. Why then do they show so much unreasonableness and intolerance towards radium treatment? This deprives many patients of improvement which in time may become permanent cures and without the danger of death from the treatment, which is always a possibility in surgery.

There are many of the ablest surgeons who now admit that to discard or fail to use this newer remedy in the face of the statistics now available should lay the objector open to a charge of serious negligence.

I propose to-night to tell you sufficient about radium for you to understand the underlying principles which govern its action, also point out some of its uses, how to take care of it and how it should be handled in reference to the safety of yourselves.

Radium was first discovered by Prof. Becquerel of Paris in 1896. In 1899 Rutherford showed that the emanations produced ionization of the air in an electroscope. M. and Madame Curie later found that certain uranium ores exhibited a greater degree of radioactivity than could

be accounted for by the uranium. They assumed therefore that some unknown element or elements were present in the ores. Their labors finally resulted in the discovery of what they called polonium, which was named after Madame Curie's native land, Poland, and this was later named radium. It was in 1911 that the Standard Chemical Co. of Pittsburg undertook to produce radium from carnotite, a uranium ore found in Colorado. Since the discovery of radium it is estimated conservatively that the world's total output of radium does not exceed 120 grammes (less than four ounces), of this amount about 100 grammes (or 5/6) have been refined in the United States.

To secure a gramme of radium (about 15½ grains) requires the chemical treatment of 500 tons of carnotite ore, the use of 500 tons of various chemical acids and alkalies, the power from 1,000 tons of coal, the use of upwards of ten thousand tons of purified and distilled water and the labor of 150 men for one month. All this to obtain the radium burium chloride. This latter is put through a series of delicate operations of fractional crystallization and the final product, after five weeks of further work, gives radium sulphate which when freshly evaporated from solution exactly resembles powder sugar which on standing acquires a brownish color. This is indeed a vast labor and expense to produce half a thimbleful of radium sulphate. Six months are consumed in the production of radium from the mining of the ore to the tubing of the finished salt and after this the material must age or mature for thirty

days to attain the maximum activity, after which it is shipped to the U. S. Bureau of Standards at Washington to have its activity certified. For most medical uses the sulphate of radium is usually used. The salt is hermetically sealed in suitable glass tubes, in metal needles, or fused on the surface of a glaze on a metal plaque.

The power of radium is not exhausted in its use in the treatment of disease, since the results obtained are due to the emanations which come from it. There is, however, a natural decay of it which is inherent to all radio-active substances, but this is such that only 1% in twenty-five years is so transmuted, thus taking over 4,000 years for its full decay.

Radium gives off three types of rays, which are called, Alpha, Beta, and Gamma. The Alpha rays are very easily absorbed. A sheet of note paper or a layer of moisture on the skin is sufficient to stop them. The Beta rays have over 93% of them absorbed in going through 1 c.m. of epithelial tissue. The Gamma rays are the most penetrating and it takes over 20 c.m. of water to absorb only one half of them. For theoretical purposes water may be considered as the equivalent of soft tissue in absorbing power. These estimations may be compared with the penetrating power of X-Rays which are half absorbed by about 5 c.m. of soft tissues.

In the X-Ray department of a hospital in Philadelphia where radium was kept it was found that the plates and films were being constantly fogged in spite of the fact that the radium was kept in a steel safe, the walls of which were approximately four inches thick, and the plates were kept in a lead lined box beyond two walls and at a distance of twenty feet.

The intensity of hard Gamma rays is diminished with distance by one half of their initial intensity after pass-

ing through 115 metres of air at ordinary conditions of room temperature and atmospheric pressure.

Effects of the Different Rays

The Alpha rays being practically always absorbed by the radium container are never used therapeutically. The Beta rays have a caustic action which may be likened to that obtained by caustic chemicals. It is, of course, impossible to administer them without the Gamma rays.

The Gamma rays can be used without the Alpha or Beta rays owing to the ease with which they can be screened out. Within a few days after the application of the Gamma rays there is a swelling of all the cells rayed. By the third week the cells which are most radio sensitive, like cancer and lymphoid tissue, show a marked diminution in number. Many show a liquefaction necrosis which is due to the blood-vessels supplying them, having become obliterated by an obliterating endarteritis produced by the Gamma ray. Others are invaded and mechanically broken up or compressed by lymphocytes and proliferating stroma. Between the fourth and fifth weeks only nuclear fragments or no traces whatever of the cells remain. Meanwhile the stroma has been active, in it new capillaries are formed and the whole is transformed into granulation tissue and so healing takes place.

The question has often been asked me: "How is it possible for radium to destroy growths and diseased structures without damaging the healthy surrounding tissues?" This is possible because certain cells or tissues of the body are more susceptible to the action of radium than others. The more embryonal the type of cell the more radio sensitive it is, and therefore would require a smaller dose to destroy it than one of the adult type. For example taking the erythema skin dose as a standard and calling it 100 units we may compare a few different parts

of the anatomy as follows: Scalp, 175 units; eyeball, 80 units; m.m. of lips and cheek, 50 units; m.m. of tongue, 70 units; m.m. of rectum, 20 units; m.m. of urethra, 10; m.m. of larynx, 70 units; m.m. of bladder, 25 units; wall of uterus, 300 units; muscle, 200 units; nerve tissue about 200 units. We must, of course, keep in mind that the strength of the emanation varies inversely to the square of the distance. In passing to pathology we find carcinoma the most resistant type of tumor with which we have to deal. It is figured at 100 units, sarcoma 50 units, angioma in a child 25 units and in an adult 50, fibroma and myoma 10 units, lymphosarcoma 30 units. These comparisons are made on the basis of the tissue being the same thickness and are not taken as practical examples, but solely for the purpose of illustrating the difference of radio sensitivity in varying pathological tissues.

Local Effect in Handling Radium

The most important point for those handling radium is to remember that actual contact of the fingers with radium tubes, needles, emanations, etc., will bring about a condition of the finger ends which may be exceedingly uncomfortable. Since the action of the emanations is cumulative and persists for at least six weeks, such an offence continued, even though the single contact is momentary, permanent loss of tactile sense, distorted finger nails and finally ulceration and keratosis will result. It follows, therefore, that everyone handling radium should adopt and rigidly carry out a non-contact manipulation technic, or as they tell you at the Radium Chemical Co. in Pittsburgh, "Handle it as if it were a red hot iron"; that is, with forceps and as far away from you as possible.

Safety of the Radium

During the past five years some thirty-four tubes or needles have been lost or broken (about fifty

thousand dollars worth). While most of it has been recovered, it indicates that care in handling is not given proper consideration. When radium is lost it indirectly affects all radium owners, for insurance premiums will rise if such losses continue.

Care of Capsules, Tubes and Needles

Dirt not only means danger of infection, but it will cause deterioration in the thin metal wall of the needle. After using the needles, they should be dipped in ether, then in alcohol and dried by rolling with forceps on sterile gauze. Before using, the same process should be applied, and the needles may be dipped for a short time in boiling water. Do not allow the needles to rest on metal when boiling as this is liable to melt the solder holding the eye and point and so allow the radium to escape. Metallic screens should be boiled before and after using, thoroughly dried and a drop of sterile oil put into them to keep the needles from sticking. Rubber screens should also be boiled before and after using.

Screening

The wall thickness of standard needles is 0.4 m.m., and this cuts out 87% of the hard primary Beta rays. When they are placed in the brass screen, which is 1 m.m. in thickness, about 97% of the primary Beta rays are filtered out; but we have the secondary Beta rays which are produced by the Gamma rays impinging on the brass. These latter, with the remaining primary Beta rays, are filtered out by a rubber or aluminum screen.

Dr. Antoine Beclere, of Paris, has likened the emanations from radium to so many fine knives or invisible arrows which are wonderfully sharp and piercing, that riddle the whole diseased region and without bleeding or mutilation; without injuring the overlying skin, they kill in a deep-seated organ the diseased cells, leaving the neighboring normal cells intact.

Radium has a further unique advantage in that the Gamma rays sterilize a wider area than one can attack with either knife or cautery, and its greater success is probably due to this property.

Then, again, in the inoperable cases, where many operations which have previously been done as a last resort, often so shortening the life of the patient by lowering his resistance, we can by prolonged radiations cause restraint of the growth and so lengthen the life of many patients.

Apart from its use in all forms of cancer, radium is being used for many non-malignant tumors; it is almost a specific for uterine bleeding, and is becoming more and more popular in causing the tonsils to shrink and in their contraction evacuate all the septic material from their crypts.

In intra-mural fibroids of the uterus we have had some almost miraculous results. This means that a woman is now saved the necessity of a hysterectomy with its danger to life, hospitalization for three weeks or more, sickness following the anesthetic, not saying anything of the morbidity which may last as much as a year following the operation. Contrast this with the patient who goes into the hospital and has radium put into the uterine cavity, which is allowed to remain for 24 hours, and she can walk home the next day if she sees so fit. The objection raised to radium treatment has been that it prevents further child-bearing by bringing on the menopause. A very poor objection, when one remembers that experience teaches that after the enucleation of a fibroid in the child-bearing period of life a woman is more likely to grow another fibroid than to conceive successfully. The menopause produced by radiation is not usually any more severe than the natural menopause, and patients do not seem to experience any change in their natural sexual desires.

In the treatment of tonsils it must be understood that no claim is made on the removal of the tonsils by radium. The effect is that of an atrophy, which is conceived to be analagous to that which occurs normally in all tonsils unless it is arrested by disease. The atrophy induced, while varying with individual types of tonsils, will in general be in proportion of the amount of radium used and the duration of exposure. It follows, therefore, that by the increase of the quantity or the duration, or by the repetition of the treatment, we may bring the atrophy to as complete a state as required.

Radium is, of course, useful in the treatment of adenoids and also for the lymphoid tissue on the pharyngeal walls, and in connection with affections of the middle ear and around the Eustachian tube.

The results of treatment are seen in six weeks' time and consist of a markedly reduced tonsil, due to atrophy or absorption of the immature lymphatic cells in the follicle, thus lessening the depth and resulting in a distortion of the crypt, at the same time causing an eversion and evacuation of the crypt contents, according to Witherbee of the Rockefeller Institute of New York City.

Advantages of Radium Over Surgery in Treatment of Septic Tonsils

1. One application lasting twenty-four hours is usually required. It therefore saves time for the patient.

2. The method is safe, painless and easily applied.

3. It clears up all the infected points in the whole head, being in this manner superior to surgical removal of tonsils and adenoids.

4. It allows the timid, weak and nervous patients and those who have conditions contra-indicating operation, to receive rational treatment.

5. No local or general anesthetic required. No danger of hemorrhage or lung abscess.

(An address by Dr. A. Bercovitch to the Alumnae Association, Women's Hospital, Montreal, January 21st, 1925.)

— Editorials —

It must be conceded that the topic of Nursing Education is suffering from no neglect these days. The rumblings of the storm of discussion which greeted the announcement of the findings of the Committee of Investigation of the Rockefeller Foundation have by no means died away.

The February number of the Canadian Nurse published in full a discussion of the report of Dr. Eason, remarkably chiefly for its satirical humour, a good deal of which, it must be acknowledged, found its mark. Still humour is a two edged sword and one cannot help feeling that one would like to have a quiet talk with some of Dr. Eason's nurses. Do they agree with him that all is for the best in this best of all possible worlds, or do they share, in some measure, the views held by many graduate nurses that certain improvements can and should be made in the education of nurses? One can only surmise. It seems likely, however, that conservatives such as Dr. Eason, leaders of the party of the Centre such as Miss Jean Browne, and divers radicals whom we will not name, might find common ground in one respect. It is probable that all would agree that actual clinical bedside teaching is not receiving the attention it deserves. Perhaps we might go farther and say that it is not receiving the attention that it did fifteen years ago. The conservatives will attribute this regrettable condition of affairs to modern emphasis on theory. Never was there a greater fallacy. To state the proportion of hours spent in the study of theory in comparison with the hours of actual duty in the wards is sufficient refutation. Perhaps it might be of interest to summarize briefly, opinions which the writer has found to be fairly commonly held by graduate

nurses, none of whom could, by any stretch of imagination, be accused of being "advanced," much less radical.

First and foremost let it be clearly stated that all these women looked upon their hospital experience as being invaluable. For it, there could be no possible substitute. No amount of class room theory could, in their opinion, make up for any loss of the line upon line and precept upon precept of the daily work of the ward, that living, moving, most vivid of text books; but here is the tragedy: they felt that they were left to decipher that text for themselves as best they could. There was little organized or skilfully directed teaching which related theory to practice and gave life and meaning to both. Now why? What is lacking? Many reasons are put forward. One or two may be mentioned in passing: such as the transfer of teaching from the ward to the class room, or the constantly increasing complexity of ward management. But there is one paramount reason which is put forth more often than all others and that is the supposed disappearance of the old fashioned teaching head nurse.

How has she disappeared, and if so, why? In the old days when practical procedure was taught on the wards, a head nurse had to teach more or less, for the good and sufficient reason that the new probationer was "no earthly use on the ward until she could do something." Some of us can still remember how that ward teaching "stuck." Haphazard and subject to interruption, it unquestionably was, but—well—it stuck, and that is more than can be said of some of the far better organized and directed teaching in the modern demonstration room.

Is then a return to the good old days a solution of the problem?

Assuredly not. Our real task is to reinstate the head nurse as a teacher; not of procedure only, but of the clinical manifestations of disease, in so far as these are related to nursing practice.

There are many head nurses who are just such teachers. There are many who are not. It is with these last we are concerned. Why are they not? Perhaps because they lack the gift of teaching or have never developed what gift they had; or perhaps because they are so utterly overwhelmed by the detail of modern ward administration that they have no time for anything else. Perhaps the direction of the nursing service in their particular hospital is in the hands of a woman who fails to remember that she is the principal of a school as well as the executive head of a nursing service. Whatever the cause the result is the same: the student nurse fails to obtain the very thing she most needs; graded, directed, correlated clinical experience. The gravest indictment that can be made against the modern system is not lack of sound teaching in theory. That is being done better possibly than ever before. The pity is that the value of such teaching in many of our best schools is offset by lack of correlation to the practical work in the wards.

Well—what is to be done about it? Can anything be done about it? Is there any way of lightening the load of administrative detail? Can some of the precious time, now being used (one had almost said, wasted) in filling out pink slips for the store room, green slips for the linen room, black edged slips for death notices, hour slips, discharge slips, admission slips, laundry slips and so on, ad infinitum — could any of this time be devoted to showing a newly capped nurse the cardinal symptoms of pneumonia or explaining to the probationer why the weights depending from a fractured femur must not be lightly placed upon a chair when one makes the bed.

Great emphasis is being brought to bear, these days, upon the importance of hospital records. But when one considers the time consumed by the average head nurse in copying endless orders, laboratory reports and so on, one understands one of the reasons for the decay of ward teaching. The head nurse simply has no time to do it.

Is it not time that a careful survey be made of possible means whereby some of this clerical work may be curtailed? Can it honestly be stated that our system of charting could not be condensed to advantage? Surely some of the routine clerical work might be dispensed with and the head nurse definitely instructed that a certain amount of teaching is expected from her.

One word more. Ward supervision is a special branch of nursing. Possibly it is quite as highly specialized as public health nursing. To qualify for the latter a woman must undertake some form of graduate study. It is quite time that we realize that the principles of ward supervision and ward teaching are capable of being taught and of being learned, and that women who expect to become ward supervisors and teachers should be willing to prepare themselves for their chosen field just as thoroughly as public health nurses do for theirs.

Courses in ward supervision and teaching are now available in two Canadian Universities. Institutes and short courses are offered from time to time in different parts of the country. It remains for hospital authorities to recognize the value of such courses and to encourage and assist their head nurses to undertake them. They would be repaid many times over by the increased efficiency of the supervisory staff and, best of all, they would ensure for their patients a nursing service vitalized by real interest and enlightened by true knowledge.

(Continued on page 179)

The best wishes of The Canadian Nurses' Association are extended to the President, Miss Jean E. Browne, on the tour she is taking in Europe in connection with Junior Red Cross activities. Miss Browne is the National Director of the Junior Red Cross in Canada and sailed for Europe early in April, her assistance having been asked for by the League of Red Cross Societies in connection with their Junior Red Cross work in Europe. The policy of the League in inviting Miss Browne was doubtless dictated by the fact that Canada is recognized as having inaugurated the Junior Red Cross, and the work being done here is looked upon as being possibly as broad and complete in its relation to Canadian conditions as similar work in any other country.

While the offices of the League of Red Cross Societies in Paris will be Miss Browne's headquarters, it is already planned that she should visit Vienna to attend the Second Eastern (and Central) European Red Cross Conference. About the time of this conference the Austrian Government has arranged a Hygiene Week, in which Miss Browne will take part as a representative of the Canadian Red Cross Society. She will also have opportunity to attend the Austrian Nurses' Convention. It has also been planned that she will visit Czecho-Slovakia, Belgium and Hungary.

In England Miss Browne is to deliver a number of lectures to the International Nurses in Training for Public Health Service at Bedford College under the League of Red Cross Societies, and the British Red Cross has asked her to address groups of teachers on the Junior Red Cross.

Miss Browne will attend the Congress, International Council of Nurses, Helsingfors, in July, before returning to Canada.

In her annual address in January, 1925, to the Association of Registered Nurses in the Province of Quebec, the President, Miss F. M. Shaw, made the following remarks in connection with Acts of Registration for Nurses: "One thing I think we need to keep clearly before us in considering any registration Act is that the ultimate purpose of such an Act is the **protection of the public**. The quality of its nursing service and of its medical service is of vital importance to any community. Therefore, the nurse as well as the doctor should be licensed, or registered, as a guarantee for the safety of the public. That is the real purpose of registration, but it is sometimes forgotten."

Miss Shaw referred to the success that had attended the two Institutes for Graduate Nurses held at McGill University in 1924; to the French nursing journal, "La Viellense," published for the first time during the previous year by the French nurses of the province; and to the first Congress of French nurses of America, held in Montreal, in 1924.

Canadian nurses have learned with regret of the announcement made in February that Miss Nutting had resigned from the chair of nursing at Teachers' College, Columbia University. Miss Nutting's resignation is to take effect at the close of the present school year. Our sincere wishes are that Miss Nutting may thoroughly enjoy an extended, well-earned rest, after which Canadian nurses, with nurses throughout the world, will again look to Miss Nutting for the assistance and inspiration which she has always unsparingly contributed to the profession of nursing and its members.

The best wishes of our nurses are extended to Miss Isabel M. Stewart, who is to be Miss Nutting's successor. It is a pleasure for us to announce that Miss Stewart is a graduate of the General Hospital, Winnipeg, Man.

Ventilating the School and Workshop

JOSEPH HERZSTEIN in "Hygeia"

TO open the windows or to shut them, that is the question. In the home, the proper use of windows has usually been found sufficient to maintain comfortable and satisfying air conditions; but the use of windows alone for the ventilation of larger enclosures like offices, workrooms or schoolrooms has generally been regarded as inadequate.

For large school buildings, window ventilation has frequently not been relied on, and blower fans have been used to force air along specially constructed ducts into the rooms. It has been alleged that in this way only could a constant and adequate air supply be assured, commensurate with the needs of the occupants.

It seems necessary to define exactly what good ventilation is.

In many places, people develop a wholesome antipathy for mechanical systems of ventilation operated with windows closed. This may be due merely to temperament or mental prejudice. A man used to sleeping with his window open found himself in a hotel room with all the windows tightly shut. He went to bed and tossed about, until he gave up all hope of falling asleep because of lack of air. Finally, in desperation, he threw his shoe through a window and fell asleep. In the morning he found the window tightly closed and the mirror smashed. Evidently prejudice and preconceived notions play some part in our study of ventilation.

At last, however, a group of scientists has conducted a much-needed, prolonged and open-minded investigation. On the findings (published by E. P. Dutton & Company) of this

group, the New York State Commission on Ventilation, of which I was secretary, this article is generally based. The answer to the question: "What constitutes good ventilation?" became quite definite as a result of four years of research by this commission.

Room Should Be Kept at 68° or Below

It was found that the primary essential for good ventilation was the maintenance of a proper air temperature of 68 degrees or below without the production of chilling drafts. The actual amount of air supply per individual, which in the past had always been specifically stated, is relegated to a secondary place. The commission simply states that the air change should be sufficient to avoid the accumulation of odorous or other substances arising from human occupancy.

Such a conclusion arouses a natural surprise. Everyone knows that the human body uses oxygen taken from the air inspired into the lungs, and that it gives off carbon dioxide, as a gaseous waste product in the expired breath. When one thinks of the air in a room as being stale as a result of human occupancy, one thinks of a lessened amount of available oxygen, and a harmful accumulation of carbon dioxide or other waste products. It is generally believed, therefore, that ventilation or air change in an occupied room is necessary in order to take care of these particular chemical alterations in the air.

However, it has been demonstrated that this is not the essential reason for changing the air of a room. Un-

der the usual practical conditions of occupaney, the changes in the oxygen and carbon dioxid content of even very badly ventilated rooms are entirely too small to have any harmful or significant physiological effect; they do not even affect comfort.

Chemical Content of Air Not Important

Certain experiments conducted in England showed that a group of medical students were entirely comfortable in an atmosphere which was so poor in its oxygen content that matches would not burn. The carbon dioxid in this atmosphere had accumulated to over one hundred times the normal, and yet the men were comfortable!

They were very uncomfortable, however, when this same air was made warm and moist. Their discomfort was completely relieved as soon as the heated air was set in motion by means of electric fans. In other words, the air from the fan carried off the body heat and had more to do with their physical comfort than the actual chemical content of the air they breathed, even though this air was more abnormal than it ever becomes in actual practice.

The superior importance of the physical conditions of the atmosphere, as compared with the chemical conditions, was amply corroborated by the two years of laboratory experiments of the commission. Large numbers of college and high school students served as subjects. The effects of temperature, humidity, air supply, odor, carbon dioxid, stagnation and air movement were observed in numerous tests in which 172 men and 70 women subjects took part. The most important and sensitive types of measurements and observations were made in order to determine the effects of air conditions on health and physical and mental efficiency.

The results of this work will help to formulate an answer to the moot points in the problem of ventilation. It will indicate the type of air environment each person should aim to secure.

Overheating Is a Menace

The temperature of the air of a room is the most important factor in practical ventilation, be it in the home, the school or the workshop. This has been demonstrated in many ways. First, air at a high temperature, around 75 degrees, especially when it is moist, interferes with the normal loss of body heat. When air becomes excessively warm the body cannot lose heat to the surrounding air.

Discomfort soon arises as a consequence of this interference with the normal loss of heat. A burden is thrown on the heat-regulating mechanism. An increase in the body temperature, an increase in the rapidity of the heart rate, an increase in the rate of breathing, and a fall in the general tone of the circulatory system follow. In fact, the responses of the body to any interference with its normal heat losing function are strikingly similar to those induced under conditions of fever.

In addition to the discomfort brought on by overheating, this condition also reduces physical efficiency. Under cooler atmospheres, experimental subjects were able to perform a larger amount of physical work than was performed in warmer air conditions. This finding seems to work out in practical experience, for when it is hot, one is less inclined to undertake or to continue any physical exertion, especially when one tends to become quickly overheated.

In industrial establishments this should be a point of practical significance. Increased physical efficiency would be the result of cool but comfortable atmospheric conditions.

Overheating causes other harmful effects. It is a common experience to feel disagreeable sensations in the air passages of the nose after having been in an overheated apartment. Direct examination of the nasal passages of subjects who were exposed in an experimental chamber to overheated conditions showed that heat tends to close the nasal passages. It induces a swelling of the elastic membranes and structures in the nose. The membranes become much redder and also more moist with nasal secretion. When the air passages are then exposed to rapidly moving cold air, the nasal membranes are rendered suddenly anemic. They become pale but still remain swollen.

Less Heat Means Fewer Colds

The normal and healthy lining of the nose acts as a defensive barrier against such bacteria as may be responsible for a cold in the head. The exposure of the nasal membranes to wide fluctuations of temperature causes a reaction that weakens the powers of defense of the membranes against the invasion of bacteria. Yet this is just the type of exposure which the membranes experience when one goes out-doors from an overheated room on a cold, wintry day.

Since an ordinary cold is likely to usher in a train of undesirable and dangerous after-effects, it would seem worth while to avoid this unhygienic and unnatural exposure of the nasal membranes first to immoderate heat and then to extreme cold.

The favorable effect of a cool indoor environment was remarkably evidenced in a study which the Ventilation Commission conducted in co-operation with the New York City Department of Health. The purpose of the investigation was to determine the occurrence of respiratory disease and colds among school children under ordinary practical conditions of schoolroom ventilation.

During a period of twenty weeks in the course of two winter seasons, 5,500 school children were kept under constant observation by a large corps of nurses. The children were all examined daily for evidences of sickness. In addition to examining the children, the nurses visited the homes of all children who were away from school, in order to learn the exact cause of absence. The children were located in twelve different schools.

The rooms of one group of children were kept at a temperature of 67 to 68 degrees by means of window ventilation. A second group spent their school hours in rooms at a temperature of 68 to 69 degrees, ventilated by a system of fan ventilation. The third group occupied window ventilated rooms kept at a temperature of 59 degrees, or some eight to ten degrees lower than the other rooms. The children in this cool type of classroom were not provided with any extra clothing.

The children exposed to the cooler air conditions were found to have far less respiratory disturbances like colds and bronchitis than the children exposed to the highest temperature. (The coolest rooms were window ventilated, while the warmest group of rooms were fan ventilated.)

The children in the fan ventilated rooms had more colds than the children in either of the two types of window ventilated rooms. The window ventilated rooms had fewer children absent from school on account of respiratory sickness than the fan ventilated rooms.

The children exposed to quite cool indoor atmospheres (10 degrees below what one would regard as usual for real comfort), enjoyed better health than those exposed to a much higher temperature with fan ventilation. There was little difference in

the amount of sickness among the children exposed to temperatures of 59 degrees or 67 degrees under conditions of window ventilation.

While this investigation pointed to the superiority of window ventilation over fan systems, it demonstrated at the same time that cool indoor atmospheres are consistent with good health. Schoolrooms kept at 59 degrees had no unfavorable effect on the health of the children as measured by the lack of respiratory infections among them. Such rooms were found to be superior to fan ventilated rooms maintained at a temperature of 68 to 69 degrees, the usual temperature for rooms ventilated by the fan method when under good control.

How Moist Should Air Be?

If air is not overheated there is no need of manipulating its moisture content. Air with a high moisture content, especially when it is warm, diminishes the loss of body heat through the normal avenue of evaporation of water from the skin. This evaporation goes on at all times. All of the evil effects of overheating are increased in severity when the air is too moist.

Special tests made by the Ventilation Commission and designed to detect slight alterations in nervousness or irritability failed to show that low humidities, such as are found under actual practical conditions, have any of the harmful effects attributed to them.

It was found through experiments that the air of a cool room lacking any fresh air supply and containing all the odoriferous constituents arising from respiration or the bodies of the occupants had no demonstrable effect on comfort. This stale air contained large amounts of carbon dioxid. As compared with especially fresh air, such air did not have

any effect on body temperature, blood pressure, rate of the heart action, respiration or other physiological reactions. Mental efficiency, as measured by elaborate and extensive psychological tests, was not impaired by stale air. Hot, stale air had no different effect than hot fresh air on mental capacity.

In two ways, however, stale air did produce a real and a somewhat immediate result. As compared with the effect of fresh air at the same temperature, vitiated air reduced the total performance of physical work, and, more important, decreased the appetite for food. This depressing effect on appetite, if exerted over a long period of time, may result in a significant lowering of the body nutrition.

Breathing stale air exerts no especially attractive appeal to the imagination, but so far as the senses are concerned, comfort in a room is primarily affected by the physical condition of the air, and, secondarily, if at all, by departures from the chemical purity of outdoor air. When people open the windows of a room because the air feels "too close," unless the air is noticeably foul, they open the windows because the air is too hot and too moist. The chances are that if the air of such a room were chilled ten degrees, say from 75 degrees to 65 degrees, without diluting it with cool fresh air, it would prove less objectionable.

I do not favor breathing stale or vitiated air. Quite the contrary; I applaud the outbursts of the fresh air enthusiasts, provided they do not freeze one out! Fresh air is certainly an essential for good health, and as much of it as possible should be secured at all times. The stimulating effect of fresh air, however, is not due to its purity, but to its cooling effect on the skin, the face and the warm air envelope which surrounds the body.

Nursing in Iceland

By CHRISTOPHINE BJARNHJEDISSON, President, Icelandic Nurses' Association

Nursing in Iceland has never, in as far as we can trace it back in history, had any high standing. In the year 1402 a young woman called Anna lived here. She was the daughter of a serving woman, was fair and light-hearted, but was looked down upon on account of being an illegitimate child. From 1402 to 1404 the "Black Death" ravaged our island. Anna offered to take care of the sick, and her assistance was accepted with gratitude, also in the homes whose doors until then had been shut to her. A woman such as she was apparently not looked upon as being too good to sacrifice herself for others. She did not take the disease and displayed great natural gifts for nursing, thus being enabled to accomplish much charitable work. She never asked for remuneration and received her food only in homes that could afford to give it to her. When it came to an end with the plague, nobody remembered the excellent nurse, and yet they did—but in a sad manner. She had taken from a contaminated house where all had died, some clothes for her own wear. This could be proved, and they wanted her punished as a thief. It was done by stigmatizing her cheek with a key and expelling her from the community. Thereafter she lived by begging.

After the pestilence, hard times prevailed in Iceland; even in the monasteries and convents want was felt. Anna learned that a certain nunnery was in need of fatty substances, and as she had saved some old butter, having collected it through begging for a long period, she went to the nunnery and offered it for obtaining the remission of her sins. This was granted to her as a return for her butter, and she was permitted to serve in the convent for the rest of her lifetime. In the


old Icelandic annals statements are found which tell about her gratitude for having escaped the plague and thus being able to take care of the sick, and also about her thankfulness for having obtained forgiveness for her sin. This is the oldest report of nursing in Iceland.

As long as the monasteries and convents existed, the sick were taken care of there. But from the middle of the sixteenth century, when the Reformation reached Iceland and all the Catholic institutions were discontinued, nothing is known about the nursing of the sick until the middle of the seventeenth century, when the so-called leper houses were erected. Here the lepers nursed each other. However, it could hardly be called nursing, although some serving women gave them a helping hand.

In the middle of the nineteenth century the leper houses were discontinued, chiefly because it was believed that leprosy was not contagious but only inheritable. The result was an increase in the number of cases. In 1894-1895 Professor Ehlers, Copenhagen, was sent to Iceland on the initiative of the Danish Fraternity of Freemasons, to investigate how many lepers could be found.

He found about 150, but there were more. In 1896-1897 the number was 250, many of whom were living under very poor and unsanitary conditions. In 1898 the Danish Fraternity of Freemasons presented Iceland with a small but modern hospital for sixty lepers, and a Danish graduate nurse was appointed to be in charge. She had two young Icelandic women to give assistance in the nursing work. Both had received for that purpose some months' training in nursing in the institution for Deaconesses in Copenhagen.

(Continued on page 186)



Co-Operation

By **ELIZABETH L. SMELLIE, R.N.**, Chief Superintendent, Victorian Order of Nurses

It is not possible for Victorian Order Nurses to do good constructive Public Health work, and to live up to our Royal Charter, unless every effort is made to work harmoniously with other health and social agencies, whether private or official.

In the smaller and more isolated district, quite frequently of late, the Provincial Public Health nurse blazes the trail by demonstrating the value of educational and preventive work. Then the community, recognizing the need, and realizing the necessity for establishing a permanent nursing service, sends an appeal to the Central Office of the Victorian Order of Nurses for assistance in organizing an Association in their district. Following the organization of a local Association, the Central Office assumes the responsibility of providing a nurse when required and of giving adequate supervision to the work. In such a centre, in addition to bedside nursing, with teaching in the homes emphasized, there frequently comes the opportunity of branching out into Infant Welfare, School, Tuberculosis, or Industrial Nursing. The nurse alert to community needs, who becomes aware of this possibility of extension, and who, working in close harmony with her local Association, can influence her Board to recognize the importance of meeting this need as it arises, is a national as well as a local asset. Later on, as the centre grows and the work extends, the problems found in this work may become akin to those of a city.

In the larger cities it may happen that, having previously instituted and developed certain types of work, such as Child Welfare Clinics, or other activities previously mentioned, the time may come when we will show better judgment by relinquishing certain branches of the work. Municipalities have proved more ready to

become convinced as to the urgent need of Child Welfare and School Nursing as a preventive and educational measure than they are to recognize the value of other types of Public Health work. Consequently, with the increased activity in municipal and provincial departments of health of recent years, and the increasing emphasis placed on the prevention of disease, municipalities are more frequently willing to encourage and administer activities along these two special lines themselves. We, as a voluntary organization, may be short-sighted if, having demonstrated the value of a certain type of work, we do not willingly give the municipality the responsibility when the civic conscience awakens to the need. There is other work not yet touched for us to do, and we should encourage rather than discourage municipal effort.

Our nurses everywhere have unusual opportunities for promoting the social as well as the physical welfare of their patients, and of noting and reporting such conditions as bad housing and the non-observance of child labor and school attendance laws: all tending to lower standards of home and community life.

Immediate attention should be given to cases where there is need of the bare necessities of life. In the larger districts the case should be reported to a relief agency which will become responsible for investigation of the needs and resources of that family, and of the problem leading up to present conditions. The staff nurse should consult her supervisor as to procedure. In the smaller district, where no relief agency is organized, the nurse is advised to have a sub-committee of her Executive to whom she can make such recommendations as she sees fit, rather than to be herself associated with the

(Continued on page 192)

Book Reviews

MANUAL FOR DIABETICS

By Gladys L. Boyd, M.D., Director of Diabetic Clinic, Hospital for Sick Children, Toronto, and Marion D. Stalsmith, dietitian to the Diabetic Clinic, same Hospital. Introduction by F. G. Banting, M.D.

This book presents in a plainly written manner, from a medical standpoint, much of the knowledge necessary for the diabetic, or for those in whose care they are placed. It gives explicit directions in the technic of administration of insulin, the dangers of its use, etc.; also, the complications of diabetes. It emphasizes the necessity for daily urinalysis and explains how this may be done at home.

From a dietetic viewpoint it clearly points out why a special and weighed diet is essential to the diabetic. The method of using the scales is clearly outlined. The book contains approximately one hundred food recipes, which are both varied and practical; also, menus for the diabetics' daily diet.

This book, although perhaps not altogether suitable for a text book, would be of great value as a reference book for instructor, patient or student.

The aim of the book is clear. Its chapters are well divided and in good sequence. It is interesting to the reader without departing from the scientific fundamentals. It is a convenient size, light weight and well bound. The print is large and plain.

The authors of this book have indeed been highly spoken of, when Dr. Banting says:—"The Manual for Diabetics may well be recommended by physicians to their diabetic patients."

A TEXT BOOK OF PATHOLOGY FOR NURSES

By A. V. St. GEORGE, M.D.; Illustrated; 228 pages: The MacMillan Company, New York.

As stated in the preface, this book represents the development of a series of lectures, given by the author, to the nurses of the Bellevue Hospital. The subject is presented in a simple and scientific manner, and should prove interesting to the teacher as well as to the student nurse.

In his introduction, the author discusses briefly, the history and subdivisions of the field of Pathology, and the classification of diseases. He defines disease as the reaction to an injury produced by a foreign body, and states that "it is the reaction of the body to these injuries in which we are interested and which we propose to study."

The chapters devoted to diseases of the various systems of the body, and those on "The Application of Pathology in Clinical Medicine," are excellent, and particularly interesting to the nurse, and the appendices include a series of questions to each chapter.

The book is small, well bound, the print is large and the illustrations numerous and well chosen. It is well and clearly written, and is of an authoritative nature. A comprehensive index adds considerably to its usefulness. It should prove a valuable addition to every training school library.

NURSING IN ICELAND—(Continued from page 184).

In 1912 our large Tuberculosis Sanatorium was built. A Danish nurse was also this time put in charge. However, within the last ten years Icelandic nurses have entered all the positions for graduate

nurses connected with the hospitals. At present Iceland has twenty-two trained nurses, whereof the majority have received their professional education in Denmark.

—(International Bulletin No. 3.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
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Immunity and Immuno Therapy

By W. MAGNER, Pathologist to St. Michael's Hospital, Toronto

Part III.

In the second part of this paper certain diagnostic procedures which are based upon the occurrence of immunity reactions were briefly described. To these must be added the **Schick Test** and the **Dick Test**.

The Schick Test

The Schick test is employed to determine whether or not an individual is susceptible to diphtheria, and is carried out by injecting into the skin a minute quantity of the toxin or poison of the diphtheria bacillus. If within thirty-six hours a zone of inflammation occurs at the site of injection, it indicates that the subject has not in his blood any antitoxin or substance capable of destroying the diphtheria poison. He is therefore, likely to contract the disease if exposed to infection. On the other hand the absence of such an inflammatory reaction means that the individual possesses sufficient antitoxin in his blood to render him immune to the disease. The great practical value of this test should be obvious. Diphtheria is a very dangerous infection and it is of the utmost importance to limit the spread of an epidemic. If, on the occurrence of a case in a school or family, all those who have been in contact with the patient are examined by the Schick method, it is possible to pick out those who are likely to contract the disease and to prevent this by administering a prophylactic dose of diphtheria antitoxin.

The Dick Test

A similar test which is employed to determine susceptibility to Scar-

let Fever has been introduced by Dr. G. F. Dick and Dr. Gladys Dick. These workers have proved, as was suspected by many bacteriologists, that this disease is due to infection with a certain type of streptococcus. They have succeeded in isolating the toxin of this organism and in preparing an antiserum by inoculating horses with increasing doses of the toxin. In applying the Dick Test a minute quantity of the toxin is injected into the skin; the appearance of an inflammatory reaction within twenty-four hours indicates that the subject does not possess in his blood any antitoxin for the Scarlet Fever streptococcus, and is therefore liable to contract the disease. Such susceptible individuals may be immunized by the injection of antitoxic serum. There is little doubt that the application of the knowledge gained as the result of the Dicks' work will tend to a great reduction in the incidence of this dangerous disease.

Having very briefly synthesised our knowledge of immunity reactions, and having indicated some practical applications of this knowledge in the diagnosis and prevention of disease, it remains to describe certain prophylactic and therapeutic measures based upon the occurrence of such reactions.

"Antiserum," "Antitoxin" and "Vaccine" are words familiar to every nurse but it is to be feared that there are many whose knowledge of the nature and mode of action of these remedies is somewhat vague.

It has been pointed out that a

patient who recovers from an infectious disease does so because his tissues have manufactured sufficient "antibodies" to destroy the invading bacteria. It has also been stated that these antibodies usually persist in the individual's blood for prolonged periods and that as a result he remains immune to that particular disease for years and perhaps for the remainder of his life. He has an acquired, **active** immunity, but to acquire this immunity he has had to suffer from an attack of the disease in question, with its associated discomfort and danger. Against many disease producing bacteria an exactly similar and equally effective immunity may be conferred upon an individual by injecting into his tissues small doses of the killed bacterium. Such a method is now widely employed in immunising against typhoid fever, the paratyphoid fevers, certain types of dysentery, cholera plague, ordinary coryza and other diseases. The injected material is known as a "bacterial vaccine" and is prepared in the following way.

Vaccines

The bacterium against which the patient is to be immunised is grown on a suitable culture medium and washed off in the normal saline solution. The resulting suspension of organisms is sterilised by heating it to 60° C. for 45 minutes, tested for sterility, and standardised. Standardisation consists in estimating the number of bacteria per cubic centimeter of the vaccine and diluting to the required strength: 0.5% of carbolic acid is then added to prevent the growth of any contaminating bacteria.

When such a vaccine is injected into the subcutaneous tissues of an individual the bacteria are digested by the leucocytes and body fluids and the products of this digestion are absorbed into the blood and lymph, carried all over the body, and stimu-

late the tissues to the production of antibodies. As a result of repeated injections these antibodies accumulate in large quantities and the patient becomes highly resistant to the particular bacterium of which the vaccine is composed.

Not only are vaccines employed as immunising agents for prophylactic purposes but they are also used in the treatment of certain types of disease. In a chronic localised infection, in which some particular portion of the body is affected, without any generalised poisoning of the tissues, the use of vaccines often leads to rapid recovery. In such cases the indication is to exploit the healthy tissues for the benefit of the diseased; to stimulate the former to produce antibodies which, accumulating in the blood, will reach the infected focus and there destroy the invading bacterium. In the treatment of boils, acne, certain types of chronic cystitis, certain types of chronic bronchitis and in fact any bacterial disease which is chronic and localised, the therapeutic use of vaccine often yields brilliant results. The method employed is to prepare a vaccine of the organism or organisms isolated from the diseased focus, and administer a series of injections into the patient's subcutaneous tissues, commencing with a small dose and gradually increasing it until the desired effect is attained.

Vaccines confer an **active** immunity because they act by stimulating the patient's own tissues to the production of antibody. The immunity which they confer is powerful but is slowly developed and then only if the patient's tissues are sufficiently healthy to respond to the stimulus administered.

Antisera

It has been shown that the application of vaccine treatment is limited. It is only indicated in subacute or chronic localised infections and should not be employed in general-

ised infections in which the invading organism is present in the patient's blood, and in which his tissues are so poisoned as to be unable to react and produce antistances. In such conditions we require some agent which will produce a rapid immunity regardless of the activities of the patient's own body cells. Fortunately we possess such a remedy, for certain acute and dangerous diseases, in the form of Antisera. An "antiserum" is simply the serum of an animal which has been artificially immunised by a series of injections of a bacterium or a bacterial toxin. Thus, if we inject into a horse a small dose of diphtheria toxin, and subsequently at regular intervals inject increasingly large doses, the horse becomes highly immune to the toxin and its serum can be shown to contain large amounts of antitoxin. If then, after this series of injections, the horse is bled, the blood allowed to clot, and the clear serum drawn off, we possess a fluid which when injected into another animal will confer upon it a powerful, though somewhat transient immunity to diphtheria. Diphtheria antitoxin thus prepared is universally employed in the treatment of the naturally occurring disease and also, as has been pointed out when discussing the Schick Test, in the immunising of susceptible individuals who have been exposed to infection with the diphtheria bacillus.

Antitoxic sera, similarly prepared and equally potent, are available for use in cases of infection with the *Bacillus tetanus*, and the *Bacillus botulinus*, an organism responsible for a certain type of food poisoning. The antitoxic sera introduced by the Dicks for the treatment of Scarlet Fever is at present on trial and may prove an equally efficient remedy.

It will have been noted that the antisera referred to are all "antitoxic": their function is to neutralise the poison of the bacterium and

they have no power of destroying the bacterium itself. "Anti-bacterial" or "bacteriolytic" sera are those which act by digesting the bacterium and such have been prepared against a large number of pathogenic organisms. The latter type of antiserum is prepared by submitting an animal to a series of injections of dead, or in some cases, living bacteria, whereas in the preparation of antitoxic sera, it is the poison of the bacterium and not the bacterium itself which is injected.

Bacteriolytic sera has proved disappointing in practice. In lobar pneumonia due to Type I. pneumococcus and in certain cases of infection with streptococci good results have followed this mode of treatment; but these results are very uncertain and are in no case comparable to those to be expected in diseases such as diphtheria, for the treatment of which we possess powerful **antitoxic serum**.

To summarize: A vaccine is a suspension of killed bacteria in saline solution; it acts by stimulating the patient's tissues to produce antistances and brings about an active immunity which is slowly developed and, usually, very persistent.

An antiserum is the serum of an artificially immunised animal; it acts by flooding the patient's tissues with antistances which were produced by that animal's tissues, and brings about a passive immunity which dates from the time of injection and is somewhat transient.

A vaccine is indicated in subacute or chronic localised infections in which healthy tissues are available for the production of antistances. An antiserum is indicated in cases of acute infections in which the patient's tissues are so poisoned that they cannot of themselves react against the bacterial invaders, and in which a rapid immunity must be produced if the patient's life is to be saved.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
Miss EDITH RAYSIDE, General Hospital, Hamilton, Ont.

**The Value of Mental Testing*

A reliable means of selecting Candidates for the Nursing Profession.

By MARY GOODYEAR EARLE, A.M., R.N.

WALTER LIPPMANN, in a series of articles in the "New Republic," expresses perhaps the sentiments and prejudices of the average layman on the subject of mental testing. He rather naively admits that he has an emotional complex about "the business" when he says, "I hate the impudence of a claim that in fifty minutes you can judge and classify a human being's predestined fitness in life. I hate the sense of superiority which it creates and the sense of inferiority which it imposes." If intelligence were the only factor in success, Mr. Lippmann might be justified in feeling as he does, but, fortunately, intelligence is only a single factor entering into that complex and subtle quality; though executives and supervisors in training schools will probably consider it a very important one. We have not wholly grasped the individuality of a person just because we have tested his intelligence.

WHAT IS INTELLIGENCE?

But, just what do we mean when we speak of intelligence and intelligence testing? What is intelligence? We might call it "the ability to learn"; the ability to profit by experience; "the ability to analyze a situation and to profit by instructions." William Stern, the German psychologist, says that "intelligence is the general capacity of an individual, consciously to adjust his thinking to a new requirement; it is general mental adaptability to new problems and conditions of life." Professor Giddings of Columbia calls it simply "gumption."

Individuals are supposed to inherit this general capacity to learn very

much as they inherit the color of their eyes or their hair, and I think no one would deny that brown-eyed parents will probably have brown-eyed children. It is generally believed that this all-around learning capacity differs widely in different individuals, but that among members of the same family there is likely to be about the same capacity to learn. In other words bright parents will probably have bright children and dull parents dull children—but this would not apply if a man happened to marry a beautiful high-grade moron, and this happens in the best of families.

There are psychologists who believe that general intelligence is a single inborn capacity to become intelligent in all situations. There are others who think that it is a group of more or less related capacities which enable a man "to acquire intelligent behaviour in many different activities." Thorndike of Columbia believes, for instance, that there are three main types of innate intelligence, namely, intelligence for words and abstract ideas; motor intelligence, or skill with the use of the hands, and social intelligence or the ability to get on well with one's fellows. These three types are all related but not necessarily to a high degree. The second and third would be extremely desirable in a trained nurse.

There is at first something a little startling in this theory that the degree of one's ability to learn is inherited from one's ancestors. We know all about the inheritance of grosser physical characteristics and the predisposition of some people to certain diseases,

but we are not yet accustomed to the idea that so-called intelligence in its varying amounts is also inherited. Yet the thought that musical aptitude, or an ear for music, may be transmitted from father to child is not a new one and the knowledge that true feeble-mindedness is handed down from parent to offspring is now common property among the well-read.

VARIED INTERPRETATIONS.

Feeble-mindedness is believed to be inherited according to the Mendelian formula. Why should we object to the theory that capacity to learn and readily form new habits is inherited? Particularly since we never use all the capacity with which we are born? Why should our self-love be so injured by the thought that we are not adults of superior intelligence? "It is no disgrace for a blind man to be unable to paint a picture, nor is it considered a great social injustice for a man of ordinary size to be denied the opportunity of serving as a giant in a side show." We object to this new conception of intelligence chiefly perhaps, because it is a new idea and so one to be regarded with suspicion.

But after all, the amount of our capacity to learn is only one factor in our success. The moral and social qualities are of paramount importance—zeal and enthusiasm and fervor, loom large in a few people of very average intelligence and these qualities effectively motivated, may well be said to "move mountains." It is not unheard of to meet men of superior intelligence who cannot adequately support their own families. Determination, persistence, reliability, ability to lead and to "carry on" are moral qualities apart from innate intelligence which no one can ignore in the uphill struggle for success. Neither can one possessing a high degree of intelligence hope to achieve, if handicapped by laziness, unsteadiness and wilfulness. Yet these qualities and characteristics are regarded as variable quantities, they may be cultivated, and they are largely effected by the environment in which one is

placed. Here, in this realm of character making, the will-to-do and the will-to-be may accomplish undreamed of results.

RELATED DETERMINANTS

One cannot assert with accuracy that this entity called general intelligence is something entirely apart and free from the influence of environment, for environment and environmental factors act and react upon human beings from the moment they are born. Those born blind and deaf, for instance, have definite sensory handicaps which must and do limit the development of latent capacity. To have power we must use it and the person with a potentially strong heart would not have one were he to spend years in bed. And so it will always be that those born into the more favorable and stimulating environments will tend to have the greater intelligence both by reason of superior endowment as well as by the enrichment of the opportunity for development.

OUR TESTING TOOLS

It is interesting to realize that we owe to the genius of Alfred Binet the modern instrument for testing general intelligence. In 1904 an educational measure in Paris required the selection of all the mentally defective children in the public schools, such selection to be made by individual examination. There was at that time no definite method of making such examination. With the object of supplying this lack Alfred Binet, a psychologist, and T. Simon, a physician, determined to standardize their scale of tests. In order to do this, selected groups of average Paris public school children were examined and the results finally standardized. The first revision appeared in 1908 and the second in 1911. Since that time various standardizations of the Binet tests of intelligence have spread throughout Europe and America and this subject has become one of international importance.

Regarding the Binet Scale for individual examination, Cyril Burt of England, says, "pending the construction of some more scientific scale,

whose authority is as generally revered, the Binet-Simon Scale must for rough and practical purposes still hold and monopolize the field." In other days, as well as today, it was an easy matter to detect an idiot or an imbecile, but the moron and particularly the high-grade moron slipped by all unnoticed. The laggard at school; the child whom teachers thought would not learn, never dreaming that he could not; the man, though a worthy fellow, never quite able to support his family and keep his chin above the waters of failure; the young thief repeatedly caught but who still cannot learn that stealing does not pay; the housemaid who seems to have no "common sense," as well as the brilliantly-endowed individual who does not work because he does not have to, to keep pace with his less gifted neighbors, are detected and differentiated by the Binet Scale and its well-standardized revisions. There are all degrees of intelligence ranging from idiocy on the one hand to genius on the other.

To Alfred Binet also we owe the concept of mental age, about which we are beginning to hear so much. The mental age, it must be remembered, is a hypothetical measure assumed and understood by psychologists as the yard or the pound in industry, or the calorie in dietetics. It simply means the performance of the average child of a certain age on a general intelligence test. For instance, the average child with an age of ten years will have a mental age also of ten years. At the same time the mental age for the average adult is set at fourteen years, because this is the way the standardization has turned out. The "average adult" standardized on a large number of cases, is able to do, on the tests of the Binet intelligence scale what the boy or girl of fourteen can do and no more. As Terman aptly remarks, "the strictly average representative of the genus homo is not a particularly intellectual animal."

(Continued)

*An address delivered before the National League of Nursing Education held at Swampscott, Massachusetts, June 25-29, 1923.

Co-Operation

(Continued from page 185)

giving of material relief, except in extreme cases. The professional function of the nurse is likely to be misunderstood if the patient is led to consider the giving of material relief as part of her service.

Finally, in every district, large or small, there should be active co-operation with public officials and organizations generally, not merely in word but in deed. Co-operation frequently involves compromise on the part of all interests concerned. There is plenty of work for everyone to do, but if the various groups, official and private, have not means of coming together to discuss candidly their

mutual problems, and of working out a plan which will prevent duplication and consequent wasted effort, all welfare work must suffer in consequence, and the community will not benefit as it should from the funds available for carrying out the local programme on whatever scale proposed. To accomplish successful co-operation requires activity both on the part of the nurse and of her administration, and a broad grasp of the national as well as the local situation, with particular reference to the facilities available for the care of the sick, prevention of disease and the promotion of health throughout Canada.

Canadian nurses who are planning to attend the Congress, International Council of Nurses, Helsingfors, July 20-25, 1925, are advised to obtain immediately the whole ticket, Canada-Helsingfors and return, in order to be sure of obtaining accommodation.

Department of Public Health Nursing

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Report of the Meeting of the Education Committee of the N.O.P.H.N., December 12th, 13th, 1924

By E. KATHLEEN RUSSELL, Reg.N.*

As convener of the Education Committee of our Public Health Section, I was appointed this year to represent the section at a meeting of the Education Committee of the American National Organization for Public Health Nursing. The latter is a very large organization with a central office and a permanent staff in New York, and, among many others, an active Education Committee of a dozen or more members, most of whom live in New York or near enough to that city to attend meetings at intervals of three or four months. Nearly two years ago the American group invited our Canadian organization to send a representative to meet with them, but it was not until last month (December, 1924) that the invitation was accepted.

It was for the December meeting, therefore, that I went to New York. Sessions were held on two days, the 12th and the 13th, and I found the committee there made up of ten or twelve nurses representing public health work in Philadelphia, Nashville and New York. I hope I am making it clear that this was just a regular meeting of a small committee which convenes several times during the year. The matters discussed were all among those pertaining to public health nursing, the work and the worker, and included the following:—

The curriculum of the hospital training school for nurses and the public health studies to be placed in that.

Certain post-graduate courses for public health nurses and the merits

of such. Those were courses conducted by teaching departments that were corresponding with Miss Hodgman, the Educational Secretary, asking for advice and help.

The public health organization as a practice field for students; the special needs of the student and the special difficulties of the situation.

The payment of students while they are doing practice work in a public health nursing organization.

The training of negro nurses for public health work.

Special plans for students granted scholarships under the American Child Health Association.

As I was merely a visitor there, I cannot report those meetings at length. When ready to do so, the members of the committee will publish their own decisions and plans. However, I can give some general impressions which I received and which I am anxious to present rather forcefully to the members of our own section.

First, there was the very warm welcome accorded the Canadian guest. Very clearly I was given a message of cordial good-will and desire for co-operation that was meant for the Canadian Public Health Section. That message was quite impersonal and wholly delightful, and I shall fail entirely in my ambassadorship unless I can pass it on to you successfully.

Next I would note the complete public health conviction of the group. That was shown in many ways, but particularly I am thinking of their determination to give an extensive public health training to every pupil

nurse. The assurance and courage with which they faced the planning for that were staggering to me, but commanded a deep respect.

Further came a realization that the conditions of our work in Canada and in the United States are necessarily widely different, and that each country must work out her plans for public health nursing in her own way to suit local conditions; attempts at standardization would be very unfortunate. Realizing all of that I have more strongly than ever the hope that there will be a strong bond of sympathy between our two groups and a free interchange of thought. The American nurses have gone further in pioneer work in connection

with public health nursing than we in Canada, and there are some difficulties that we shall not have to face because of that which they have done. We recognize that and acknowledge it gratefully even though we must of necessity blaze new trails of our own immediately. I can only add that as I sat at those meetings my respect and admiration increased steadily even when my best cherished opinions were being challenged. I hope that there will be further conference between the two organizations and that next time Canada may be playing the part of hostess.

(*Convener Education Committee of the P.H. Section, C.N.A.)

A Report of the University Extension Course for Public Health Nurses

By FLORENCE H. M. EMORY, Reg.N.

During the month of January, the Department of Public Health Nursing, in co-operation with the Department of University Extension of the University of Toronto, conducted a two weeks' refresher course for graduate nurses with previous public health experience or public health training. No credits were given for the work and no certificates awarded. The course consisted of lectures in professional and general subjects and in the observation of public health activities in Toronto.

The following outline of work covered may prove interesting:—

A. Professional Subjects—

1. Health Education—
 - a. The School Health Service—urban and rural.
 - b. Health Teaching—Scientific basis of health rules taught to school children.
2. Child Psychology.
3. Oral Hygiene.
4. Infant Hygiene.
 - a. From the physician's standpoint.
 - b. From the standpoint of the public health nurse.
5. Nutrition.
6. Social Implications of Public Health Work.

B. General Subjects—

1. Canadian History.
2. Public Speaking.

Students were not required to attend the lectures on all subjects included in the course, but were recommended to choose those in which they were most keenly interested. Discussions on School Health Service and Social work were held, where an opportunity was given for exchange of thought and experience.

Through the courtesy of various health agencies and hospitals, arrangements were made to observe the activities of the School Health Service, pre-natal and child health clinics, tuberculosis clinics and nose and throat clinics. Visits were made to the Preventorium, the Premature Infant Ward and Social Service Department of the Toronto General Hospital, the district offices of the Department of Public Health and the central office of the Victorian Order of Nurses.

An analysis of the public health nurses enrolled and the agencies represented by them follows:—

PUBLIC HEALTH NURSES ENROLLED
IN THE EXTENSION COURSE

Conducted by

THE UNIVERSITY OF TORONTO

January 5-17, 1925

Public Agencies

1. Departments of Public Health—

a. Provincial—

| | |
|---------------------|----------|
| Supervisors | 1 |
| Special Nurse | 1 |
| Staff Nurses | 15 |
| | <hr/> 17 |

b. Local—

| | |
|----------------------------|----------|
| Toronto—Supervisors | 3 |
| Toronto—Staff Nurses | 8 |
| | <hr/> 11 |
| Coburg | 1 |
| Galt | 1 |
| Cobalt | 1 |
| Swansea | 1 |
| Stratford | 1 |
| Kitchener | 1 |
| Owen Sound | 1 |
| London | 1 |
| New Toronto | 1 |
| | <hr/> 20 |

Private Agencies

1. Victorian Order of Nurses—

| | |
|--------------------------|---|
| Supervisor—Ontario | 1 |
| Local Branches— | |
| Ottawa | 3 |

| | |
|----------------------------|----------|
| Toronto—Supervisors | 1 |
| Toronto—Staff Nurses | 3 |
| Brantford | 2 |
| Renfrew | 1 |
| Waterloo | 1 |
| Brampton | 1 |
| Barrie | 1 |
| Stratford | 1 |
| Arnprior | 1 |
| | <hr/> 16 |

2. St. Elizabeth Nurses, Toronto—

| | |
|--------------------------------|---|
| Superintendent of Nurses | 1 |
|--------------------------------|---|

3. Red Cross Society—

| | |
|-------------------------------|---------|
| Ontario | 1 |
| Saskatchewan Supervisor | 1 |
| | <hr/> 2 |

4. Miscellaneous

| | |
|-------------------|----------|
| | 9 |
| Grand total | <hr/> 55 |

As a worker in the field of public health, where development is taking place so rapidly, there is need for the public health nurse to be kept in touch with up-to-date theory and practice in that field. The consensus of opinion of those attending the course was that such an opportunity had been made available by the University of Toronto.

Jewels in the Mud

It is told of Ruskin, the great Victorian art critic, that he was much annoyed by the muddy state of the road in which he lived at Herne Hill. He could scarcely venture abroad without his boots being splashed with mud from the wheels of a passing vehicle.

In his eccentric way, he sent a sample of this road mud to a friend who was a famous analytical chemist, desiring him to analyze it, and tell him of what it was composed.

The reply duly came. The chemist reported that the mud contained four ingredients, viz., sand, clay, soot, and water. This set Ruskin thinking, and presently the poet, artist, and idealist in him got the better of the grumbler and enabled him

to look at the matter from a new viewpoint.

"Sand?" said he. "Why, sand is only the crude form of the opal, one of the purest and loveliest of gems. 'Clay?' The metamorphosis of clay is the sapphire, and all the loveliest porcelain in the world, wrought by the masters of handicraft, was just common clay once, dug out of the bowels of the earth. 'Soot?' What is soot but carbon, and what is the diamond but pure carbon? 'Water?' —"

And at that word his imagination pictured the myriad dewdrops, Nature's jewelry, sparkling in the rays of the morning sun.

"Dear, dear!" said he. "All this time I have simply been splashed with jewels, and I did not realize it!"—*News-Mirror*.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal

The Value of a Circulating Library in a Training School for Nurses

By DOROTHY M. HOPKINS—Class 1925 Toronto General Hospital

"There is no frigate like a book
To bear you miles away."

It is quite needless to dissertate upon the value of books while trying to set forth the benefits to be derived from a circulating library in an institution, especially a hospital. Books are the greatest mental stimulant in the world. They open to the reader the thoughts, the experience, the lives of others. By their guidance one can live outside oneself and reach beyond the limitations of one's own small person.

This broadening effect is one of the greatest reasons for a library in any school. Institutions tend to institutionalize the mind and books seem to be the best means to overcome it. Everyone knows how when one's life is regularized one's mind also tends to conform to limits and never stray beyond one's immediate occupation even out of hours. "Limited thoughts" are a drawback tending in most cases to narrow-mindedness and a library is a good antidote. It is quite as essential to **forget** one's work at the right time as to **remember** it at the right time.

In deciding what procedure to adopt in procuring a library for a training school for nurses, a few suggestions may prove helpful to other schools desirous of inaugurating one.

In any undertaking obtaining finances presents the major difficulty. Referring to our own school financial

support is derived from sources such as: (1) Beneficent individuals interested in the welfare of the school—who are always ready to sponsor any worthy undertaking by giving donations; (2) Proceeds from dances and garden parties—this means not only a substantial increase in library funds but permits all partaking to indulge in an evening's frolic or social intercourse; (3) Fees collected from books that are overdue—a nominal sum to be decided upon mainly to prevent the tardy from falling by the wayside.

Organization greatly facilitates matters and one must have a systematized method in order that the books may prove of equal benefit to all, and not vanish overnight. The first requisite is a good librarian. She may be specially selected for that work alone; or one of the nursing staff might accede to filling the office, or a pupil nurse might be elected by popular vote to act in the capacity of librarian, although the duties might be rather onerous to one conceded to be so busy as one engaged in nursing.

From the avalanche of books which pour out upon the public it is increasingly difficult to separate the wheat from the chaff, so it has been found satisfactory to appoint a committee of three members, holding office for one year. The duty of this committee is to outline a tentative list of books to add to those already

in the library. This list should be subject to revision by one capable of judging books by authors whose names stand for something intrinsic and valuable in literature. Our own Superintendent of Nurses renders much valuable assistance in many ways, among the many being helpful suggestions and constructive criticism.

Owing to the stress of winter work and the holding of lectures, the library is called into requisition to a greater extent during the summer months. From actual experience seventy-five per cent. of the books taken out are fiction, therefore secure the best. Rightly read books make one tolerant and understanding, beside offering a wonderful fund of knowledge and amusement. On the other hand, it is quite possible to get lost among the vast mass of literature written to-day; not that one should always read to the purpose or with the fixed intention of getting the maximum of value from the process (that would be too much like taking a course of lectures.) But a "good" delightful book is much better than only a "fairly" delightful one, and the former is to be had for the choosing.

It is the earnest purpose of all training schools to raise or maintain a high standard of qualifications necessary to gain admittance. Students now entering the majority of hospitals have matriculation standing, are teachers, or University graduates, often coming directly from Collegiate or University. If they have access to a good library from the first reception in the hospital they will continue to use it to advantage throughout their training. If on the other hand even for six months or a year they neglect reading good literature or do so in such a desultory manner during stress of probation and junior days, it is hardly to be expected they will follow any literary course during the

remainder of their term. Start from the very first to interest newcomers in the library.

In some schools, as in our own, we have a Reference Library — quite separate and distinct from the Circulating Library, containing many valuable editions for heavier reading and, as the name implies, for reference.

Another branch of our Circulating Library of which many of the student nurses avail themselves is the section given over to current literature, magazines, etc. This section gets a fair share of its monetary assistance from fees that are over-subscribed to the pay telephone system installed in our residences. Current articles enlarge the field of reading. A fascinating account of travel may catch the eye or an interesting sketch similar to a biography, only in much abbreviated terms, may be picked from the shelves. The above magazines are kept in a bright and cheerful reading room offering allurements to anyone caring to peruse their contents. These magazines must not be removed from this centre or the object in view is defeated.

A Circulating Library started from a small beginning and added to each year soon develops into a substantial one, proving not only of transient value but useful to posterity.

From the student nurses' viewpoint one queries, "Is it a success?" We answer decidedly "Yes," as may be judged by the popularity of its patronage. It inculcates and enhances the love of the beautiful, for many are the word pictures we gain from good literature.

"To the making of good books there is no end." This is true to-day as never before and it does not seem right that an institution should not try to corner some portion of this fair treasure for the benefit of those who serve it.



Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

Montreal Anti-Tuberculosis and General Health League

By N/S EMMA P. KENNEDY

A group of Montreal citizens, representing all phases of community life, have organized a Health League, the object of which is to stimulate public interest in health work and so to strengthen the resources of the municipal health department.

At the outset, Lord Atholstan made the munificent gift of \$100,000 to launch the work and to carry it through the period of organization.

Montreal offers an excellent field for such work because, owing to its own particular difficulties, it has not applied for its own benefit the modern knowledge of preventive medicine in the way it might have done.

The League opened its offices last October and intends to work slowly, so as to build well, rather than to attempt any dramatic piece of temporary work.

At present the following activities have been approved and are either being carried on or are well advanced on the way to being put into operation:

Educational work, chiefly through the press, which is co-operating in a fine manner.

Group instruction for women. A course called "Health in the Home," covering the subject of personal hygiene, in ten lessons, with demonstra-

tions. A manual is prepared for distribution.

Two demonstration centres. The first is in connection with the School for Public Health Nurses which is being started by the University of Montreal. The League will provide the field service of a health centre which will be used for demonstration and for teaching purposes. Looking to the future, no greater contribution could be made than one which will help in providing a trained personnel which has heretofore been lacking owing to the fact that the French-speaking group has not such a school.

A second centre, in an English-speaking part of the city, is to be organized as a demonstration. Existing agencies have expressed their desire to share in it.

Surveys are undertaken. One has been made at the request of the Protestant Board of School Commissioners of the health conditions and medical inspection service in their schools. In connection with the milk supply, a survey and campaign for a safe milk supply are under way.

So far, the most pleasant feature to record is the happy and friendly relations existing between the League and the various interested individuals and groups.

Memories of 1916

Now that Spring is with us again, do any adventurous spirits tucked away in their various civilian occupations, remember the days in Etaples and Treport, when bicycles were the chief joys of the half day? The remembrance of the Home Sister, who invariably fell off in the midst of an astonished but not displeased platoon, will remain ever green in the hearts of those who knew her, while the thought of the Camier hill and the orgies of coasting that took place on its muddy incline make us feel quite old and

sedate. Who could ever forget a half day in the Foret D'Eu, with its long smooth hills and endless stretch of green forest, while the cavalry calls of the Belgian bugles sounded musically through the trees? And who could forget the depressed face of the solitary batman, as he gazed on the ten or more dilapidated machines, his to cherish and clean. But those days are past. Now we drive the adventurous "Henry" if prosperous, or cling to any portion of the street railway, if not. But we do not forget.

News Notes

ONTARIO

Ex-Army Nursing Sister Mildred Drope has joined the staff of the Ontario Division of the Red Cross and is in charge of the Nursing Outpost at Quibell, Ont.

Miss Elizabeth McEachren, R.R.C., has been transferred from Haileybury Red Cross Hospital and is now in charge of the new Red Cross Hospital at Hornepayne, Ont.

Miss Elizabeth McKechrine (N/S No. 4 General Hospital) has accepted a position at the Red Cross Outpost Hospital at Hornepayne, Ont.

N/S Mary McNaughton, R.R.C., has been appointed to the Peterboro Red Cross as Organizing Instructor for the Home Nursing Classes in Peterboro, Ont., during the winter.

N/S Peggy Henderson, of Toronto, leaves this month for an extended trip to the Mediterranean.

N/S Mollie McDermot and N/S Hallie Carman are spending the winter in the South of France. Miss Carman is recuperating from her recent illness.

N/S Helen Shearer, R.R.C., is spending the winter in Scotland and on the continent.

QUEBEC

N/S Olive FitzGibbon, graduate of the School for Graduate Nurses, McGill University, has accepted the position of Superintendent of St. Mary's Hospital, Montreal.

N/S Maxwell has been transferred from the staff of the D.S.C.R., St. John, N.B., to the D.S.C.R. Hospital, Ste. Anne de Bellevue.

N/S A. T. Young has resigned her position in the Medical Arts Hospital, Montreal, and has left for a six months' holiday at her home in Yarmouth, N.S.

N/S J. C. Galbraith has resigned her position as Superintendent of the Children's Bureau, Receiving Home, and has

accepted a position with the Anti-Tuberculosis and General Health League, Montreal.

The sympathy of all nursing sisters is extended to N/S Wylie, of the permanent force, St. John's Cavalry Barracks, in the death of her sister, who died at the Ross Pavilion, February 12th.

N/S Sampson has joined the staff of the Montreal General Hospital as head nurse in the Men's Medical Ward.

N/S Connerty has resigned from the Soldiers' Hospital, Ste. Anne de Bellevue and is special nursing in Montreal.

MANITOBA

Nursing Sister Alfreda Attrill, newly-elected President of the Winnipeg Nursing Sisters' Club, had five years' service overseas, leaving Canada with the first contingent.

After a few days in London, on duty at St. Thomas' Hospital, the nurses' training school which was founded by Florence Nightingale, she embarked for France with the unit commanded by Col. A. T. Shillington, sailing from Southampton.

Later, in 1916, when volunteers were required for the hospitals in "the Near East," she was one of the first seven sisters transferred. Others from Winnipeg were: N/S E. T. Hudson, M.R.R.C., and N/S Corolla Douglas, lost on the Llandovery Castle.

Returning from Salonika she was granted the 1914 Mons star; decorated by the King, at Buckingham Palace, with the Royal Red Cross; presented to Queen Alexandra at Marlborough House, receiving a photo of the Queen-Mother and a certificate of thanks.

Miss Attrill is a graduate of the Winnipeg General Hospital and the daughter of a pioneer and "North West Rebellion" volunteer.

News Notes

BRITISH COLUMBIA VANCOUVER

Vancouver General Hospital A.A.

The Alumnae Association of the Vancouver General Hospital held a very successful Valentine Tea in the Nurses' Home on Heather Street on February 14th, in aid of the Sick Benefit Fund. The tea was convened by Mrs. Alfred Johnston and Mrs. F. Faulkner. The rooms were very pretty with bowls of spring flowers, and a delightful programme of music and costume dancing was given.

Mrs. Hyde (Mildred C. Hunter, Vancouver General Hospital, 1917) is taking the Public Health Course at the University of British Columbia.

SASKATCHEWAN Saskatoon

The regular monthly meeting of the Saskatoon Graduate Nurses' Association was held on Monday evening, March 2nd, at the home of Mrs. W. J. Pulley, 111 Eighth Street. Following the business meeting the members spent the remainder of the evening in sewing for the poor of the city. Refreshments were then served by the hostess.

On February 12th the Saskatoon Graduate Nurses' Association held a most successful dance in the Art Academy. Mrs. G. R. Peterson, Mrs. H. N. Lamont, Mrs. T. T. Murray, and Miss S. A. Campbell were the patronesses. The evening was most enjoyable and the proceeds amounted to \$100.00.

Regina

Miss Mary M. Gordon (R.G.H., 1918) was recently appointed Assistant Supervisor, Obstetrical Department, Harper Hospital, Detroit, Mich.

Miss Laura J. Bleakley (R.G.H., 1921) recently accepted a position on the nursing staff of the Melville Hospital.

Miss Gertrude E. Wright (R.G.H., 1921) and Miss Alice K. May (R.G.H., 1920) have recently received appointments on the nursing staff of St. Mary's Hospital, Rochester, Minn.

ONTARIO TORONTO

Hospital for Sick Children A.A.

A very successful meeting of the Alumnae Association was held on Thursday, February 12th, at the Nurses' Residence. Mrs. Plumtree, President of the Ontario branch of the Canadian Red Cross Society, gave a most interesting address on the work of the society, enlarging upon its three special activities: the Home Nursing, the Junior Red Cross, and the Outpost Hospitals.

A most successful theatre night was held by the Alumnae Association on Tuesday, March 3rd. The play was the famous "Grumpy," at the Uptown Theatre.

Miss Grew (1924) has gone to St. Luke's Hospital, Utica, as Instructress.

Miss Lorraine Morrison and Miss Helen McLean (1924) have accepted positions on the graduate staff of the Yale University Hospital.

Miss Mabel Marten (1924) is Instructress on the Infant Ward, Hospital for Sick Children.

Miss Adelaide Ross (1924) has accepted a position in the Children's Memorial Hospital, Montreal.

St. Michael's Hospital A.A.

The regular monthly meeting of the Association was held in the Nurses' Residence, Miss Foy presiding.

Miss Claire Kelly and Miss Loretta Cleary have gone to New York, and Miss Elfreda Rumball and Miss T. Miller have gone to Rochester, Minn., to do private duty nursing.

Miss Maisie Young and Miss Marion Harrison have gone to New York.

Miss Erma Meylins has taken a hospital position in New York.

Miss Carmel Doyle has taken a hospital position in Detroit.

Welesley Hospital A.A.

Miss Frances Brown (1920) has gone to Denver, Col., where she has accepted a position in one of the Military Hospitals.

Miss Mina Clark and Miss Rita Hodson (1924) are doing private nursing in Washington, D.C.

Miss Dorothy Powers (1921), who has been with the C.P.R. for the past two years, and who was in Toronto for a short time in January and February, has joined the "Montcalm."

Miss Ruth Teeter (1923) is in charge of the operating room and X-Ray Department at the General Hospital, Galt, Ont.

Toronto General Hospital A.A.

Miss Jean Gunn, Superintendent of Nurses, Toronto General Hospital, sailed for England on the "Aurania" on April 4th, to begin her tour under the Rockefeller Foundation.

On the evening of Monday, February 23rd, a farewell party was given by the Head Nurses of the Toronto General Hospital, at the Nurses' Residence, in honor of Miss Anne Wright (1919) who is leaving her position in the hospital to become Assistant Superintendent of Nurses at the Victoria Hospital, London. The party took the form of an evening of bridge. Refreshments were served at the close. The gift of the Head Nurses to Miss

Wright was a bronze reading lamp. Miss Wright's leaving is universally regretted.

Miss Marjorie Foster (1920) has gone to Timmins, Ont., where she is doing Public Health nursing.

Miss Katharine Scott (1923) has been appointed a Supervisor at the Toronto General Hospital.

Miss Edith Murphy (1922) is now organizing Public Health work in Schreiber, Ont.

Miss Laura Douglas (1922) has moved to Hornepayne, Ont., where she is doing Public Health work.

Miss Gwen Holmes (1923) is doing institutional work in the Tuxedo Memorial Hospital, New York.

Miss Clara Vale (1923) has been appointed Instructor at the Children's Memorial Hospital, Montreal.

Miss L. McEachren (1914) and Miss M. Gall (1923) have gone to Hornepayne, Ont., to do institutional work in the Red Cross Hospital there.

Miss Clara Wheatley (1920) has left Orvder to open up a Red Cross Hospital in the Rainy River district.

Misses Edna Johnston and Jean Dent (1922) left last month for New York where they intend doing special nursing.

Miss Jo Dickie (1923) has accepted a position as Assistant Night Supervisor in the 5th Ave. Hospital, New York.

KINGSTON

Kingston General Hospital A.A.

The annual meeting of the Alumnae Association of the Kingston General Hospital was held in the Nurses' Residence on Wednesday, February 11th, with the President, Miss Evelyn Freeman, in the chair, and a large number of members present. Reports from the several committees were read and adopted, and showed substantial increase in the membership during the year. Plans for the year were discussed, and it was decided to hold the usual Violet Tag Day on Easter Saturday. The Alumnae has had a busy year. Activities included refurnishing and redecorating in the Nurses' Residence to the extent of over \$500.00. The sum of \$50.00 was sent to the Grenfell Mission, and a donation to the V.O.N. at Christmas. During the year all sick nurses were the recipients of flowers and were visited by members of the Alumnae. In March the Alumnae gave an enjoyable dance in Grant Hall to many of their friends. The graduate class of 1924 was entertained at a dinner and dance. The Alumnae also gave a dinner and dance in honor of the return of four former graduates: Miss Annie Baillie and her assistants, Miss Lillian Gill, Miss Olivia Wilson and Miss Mabel Bouter.

Miss Lily Rogers (1919) has been appointed Night Superintendent, Kingston General Hospital.

BRANTFORD

Brantford General Hospital A.A.

The regular meeting of the Alumnae Association was held in the Nurses' Home, March 2nd, the President (Miss V. Forsythe) in the chair. A very interesting address on "Tuberculosis" was given by Dr. C. C. Alexander.

Miss Durham and Miss Brett are doing general duty in the Polyclinic Hospital, New York City.

Miss Bunn and Miss Vallentyne have accepted positions in the City Hospital, Cleveland, O., and Miss Pritchard in the Ford Hospital, Detroit, Mich.

Miss Austin has been appointed to the staff of the Brantford General Hospital as Supervisor of the Obstetrical Floor, after completing a two months' post-graduate course at the Toronto General Hospital.

HAMILTON

St. Joseph's Hospital A.A.

Miss Cartmell (1921) has left to do general duty in the City Hospital, Cleveland, O.

Miss A. Walters (1923) has accepted the position of Ward Supervisor, St. Joseph's Hospital.

Miss V. Murphy (1924), who has been spending the last three months at her home in Seely's Bay, has returned to Hamilton and is doing private duty nursing.

The Alumnae of St. Joseph's Hospital, Hamilton, wish to express their sympathy to Miss M. Nally, R.N., in her recent sad bereavement by the death of her mother.

On March 11th, at Undermount, the graduates of St. Joseph's Hospital spent a very enjoyable evening at a musical entertainment given by the pupil nurses, St. Joseph's Training School, Hamilton.

LONDON

Victoria Hospital A.A.

The Victoria Hospital A.A. held the March meeting at Westminster Hospital through the kindness and courtesy of Dr. B. T. McGhie and Miss Ross, Superintendent of Nurses. After a short business session, during which \$100.00 was voted towards a scholarship for nurses, an instructive address was given by Dr. B. T. McGhie on "Preventive Psychiatry." Refreshments were served and a social hour spent.

A very enjoyable dance was held in the Medical School auditorium by the Victoria Hospital Nurses' Alumnae. Miss Agnes Malloch, president, received the guests, and Miss Grace Fairley, Superintendent of the Victoria Hospital Nurses' Training School, was present. Mrs. Leonard Pritchett, Miss Winifred Ashplant and Mrs. Sidney Horne were in charge of the arrangements.

STRATHROY**Strathroy General Hospital A.A.**

The Strathroy General Hospital graduation exercises were held in the auditorium of St. Andrew's Church on Tuesday evening, February 10th, 1925, when the following graduates received their diplomas and pins: G. Griffiths, R. Runnalls, E. Emmons and H. Kerr. The Rev. I. Couch, M.A., B.D., delivered an inspiring address to the graduates, impressing upon them the nobility of their chosen profession. He advised them to ever remember that as all true beauty is evolved through suffering, so might their lives and those entrusted to their care eventually be transformed into a vision of beauty. Following the programme a reception was held in the lecture room.

**QUEBEC
SHERBROOKE****Sherbrooke Hospital A.A.**

The Alumnae Association has decided to establish a Sick Benefit Fund for its members. The objective this year is to raise \$500.00. Recently a very successful tea and food sale were held, and arrangements are being made to have Jack Miner, "the bird man," deliver one of his interesting lectures.

The name of the Sherbrooke General or Protestant Hospital has been changed to the Sherbrooke Hospital.

MONTREAL**Royal Victoria Hospital, Montreal**

A delightful dinner was given by the Alumnae Association in honor of the Class of 1925 at the Ritz-Carlton Hotel, March 23rd. Two hundred guests were present and music was supplied by the Ritz orchestra. The decorations were carried out in purple and gold, the hospital colors: daffodils, purple irises and hyacinths adorning the tables.

The graduating exercises were held in the Nurses' Home, R.V.H., on March 26th, when fifty-one nurses received their pins and diplomas. Dr. Meakins addressed the graduates, after which tea was served in the dining room, which was prettily decorated with spring flowers. In the evening an informal dance was held.

The Class of 1926 entertained the Graduating Class at a sleigh drive and dance in the Nurses' Home on Wednesday evening, March 6th.

A new venture among the student nurses at R.V.H. has been the formation of a Dramatic Club. The first performance, under the direction of Miss Olive Primrose, was held in the Nurses' Home on March 25th. Three short plays were presented: a "Pierrot and Pierrette" fantasy; "Wurzel Flummery," a comedy in manners; and a dramatic poem entitled "Goodnight Babette." The cast included the Misses Phyllis Spencer, Florence Brydon, Mary Henderson, Barbara Smith,

Barbara Wilson, Gladys Smith, Agnes Bigelow, Jean Louson and Olive Primrose. The different parts were admirably taken. The music was supplied by Miss Isabel Henderson at the piano and Dr. Harry Ballon played the violin.

At the March meeting of the Alumnae Association the speaker was Margaret Currie, who addressed the members on "The Gentle Art of Lying."

Miss Elsie Alder, Surgical Supervisor at R.V.H., has returned from a two months' visit in the British West Indies.

A welcome visitor recently at R.V.H. was Miss Mary Allison Prescott, who has since sailed for Holland.

Miss Jessie Pangborn (1920) is the guest of Miss Millicent Branch at St. Kitts, Br. West Indies.

Miss Lou Edey (1923) is at Henery St. Settlement, New York.

The engagement is announced of Miss Pauline Ward (1923) to Mr. James Warren Yorke, of Ottawa, the marriage to take place in May.

The Montreal General Hospital A.A.

Miss Agnes Bullock has gone on a trip to California.

Misses Audley Fraser and Gladys Buzzell (1924) have taken positions with the Victorian Order of Nurses in Montreal.

Miss Gertrude Jackson (1921), who has been in charge of E. and F. Wards at the Montreal General Hospital for four years, has been appointed Assistant Superintendent of the Fisher Memorial Hospital, Woodstock, N.B.

Miss N. Brissenden (1917) has returned to Montreal from Halifax to do private duty nursing, after a long absence from the city.

Members of the Alumnae extend their sympathy to Miss Willett in the loss of her mother, and to Mrs. Vaudry in the loss of her father.

Miss Violet Sampson, who had charge of Red Cross Lodge, for disabled soldiers, on McTavish Street, Montreal, for two years, has now taken charge of a floor in the Montreal General Hospital.

Miss Estelle Smellie (1923), who has been on the night staff of the M.G.H., has gone to Bermuda to recuperate after illness.

Miss Mills (1922) has taken charge of Private Ward "H" at the M.G.H., succeeding Miss Beatrice Preston (1922), who has taken a position as one of the assistants on the night staff of the M.G.H.

Miss Bernice Willett (1918), who has been Superintendent of Lachine General Hospital, Lachine, P.Q., resigned owing to the serious illness of her mother and has been succeeded by Miss L. Brown.

At the February meeting of the M.G.H. A.A., Dr. Campbell Howard gave a very interesting address on "Arteriosclerosis: Its Manifestations and Management."

Miss Martin will address the March meeting on Child Welfare.

A tea and weighing party was held in the Nurses' Residence in February by the M.G.H.A.A. for the purpose of securing funds for a scholarship to McGill School for Graduate Nurses, Teachers' Course. The guests were received by Miss Young, Superintendent of M.G.H.; Miss Frances Reed, President of the Association; and Miss Frances Upton, Convener of Arrangements Committee. Music was rendered by Minto's orchestra. Nearly \$700.00 was realized.

Members already booked for the International Congress of Nurses to be held in July, and tours on the Continent are: Misses F. M. Shaw, S. E. Young, Isabel Davies, Dorothy Hadrill, and Agnes Jamieson. Miss F. M. Shaw will be one of the speakers at the Congress.

Women's Hospital A.A.

The members of the Alumnae held a very successful tea and sale of work in the Nurses' Home, 998 St. Catherine St. W., on Friday, February 27th, in aid of the Sick Nurses' Benefit Fund. Thanks are due the members of the Alumnae and the staff and nurses in training for this kind assistance and many donations.

NOVA SCOTIA

Miss Edna Cochrane, Dalhousie Public Health Course, 1923, until recently on the staff of the Massachusetts-Halifax Health Commission No. 1, has accepted a position as County Tuberculosis nurse, at Calais, Maine.

M.H.H.C. Transfers

Miss Veronica C. White, Reg.N., has been transferred from M.H.H.C. No. 1, Halifax, to M.H.H.C. No. 2, Dartmouth.

Miss Madeline Scott, Reg.N., from M.H.H.C. No. 2 to M.H.H.C. No. 3.

Misses Jane Hubley, Reg.N., Esther MacD. MacWatt, Reg.N., and Genevieve Davidson, Reg.N., from M.H.H.C. No. 1 to Dalhousie Public Health Clinic No. 3.

Miss C. F. MacDonald, Reg.N., has recently been appointed to the staff of the M.H.H.C. No. 1. Miss MacDonald was formerly connected with the Victorian Order Nurses at Yarmouth, N.S.

Florence A. Fraser, Reg.N., formerly charge nurse of the Operating Department of the Victoria General Hospital, Halifax, has accepted the position as nurse in charge of the Outdoor Department of the Dalhousie University Public Health Clinic, Halifax.

Miss E. Brown, Provincial Red Cross Organizer for Home Nursing, has left Halifax for Mulgrave in connection with Home Nursing Classes. She will establish these classes in Mulgrave, Dover, Antigonish, and Heatherton. The work in these sections is receiving the hearty support of the clergy and doctors.

There is under consideration of the Nova Scotia Division of the Provincial Red Cross at the present time more active co-operation in Public Health work between the medical profession and the Red Cross Society.

Miss Leona V. Jackson, Dalhousie Public Health Course, 1922, formerly connected with the staff of the Victorian Order of Nurses and Massachusetts-Halifax Health Commission No. 1, has recently accepted a position as charge nurse at the Tarrytown General Hospital, Tarrytown, N.Y.

VICTORIAN ORDER OF NURSES

The many friends of Miss Gertrude Curry, Reg.N., Nurse-in-Charge of the Victoria Branch of the V.O.N., will be interested to learn that she has gone to California on two months' leave of absence to recuperate after her recent illness.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

FORGAN—On Monday, February 16th, at the Toronto General Hospital, to Mr. and Mrs. D. Forgan (Helen Duff, T.G.H., 1918), a daughter.

LAPP—On Friday, February 20th, at Cedar Grove, Ont., to Mr. and Mrs. Arthur Lapp (Fern Scott, T.G.H., 1916), a daughter.

ADAMS—On January 2nd, to Mr. and Mrs. Adams (Seaborn Robertson, N/S No. 3 General Hospital), a daughter.

ARMSTRONG—On December 24th, at the Private European Ward, Bethesda Hospital, Pithapuram, India, to the Rev. E. W. and Mrs. Armstrong (Evelyn Smith, T.G.H., 1921), a son.

HAYWARD—On January 27th, at Medicine Hat, Alta., to Mr. and Mrs. R. H. Hayward (Margaret G. McBean, Children's Hospital, Winnipeg, 1916), a daughter (Margaret Ruth).

MACDONNELL—On January 13th, at Peking, China, to Mr. and Mrs. Richard MacDonnell (Maude Wooster, Vancouver General Hospital, 1921), a son.

MACGREGOR—On March 6th, to Mr. and Mrs. A. P. MacGregor (Mary MacLeod, Montreal General Hospital), of Dalhousie Station, P.Q., a son (Keith MacLeod).

RATHBONE—On November 21st, 1924, at the Wellesley Hospital, Toronto, to Mr. and Mrs. L. Rathbone (Elsie Hanna, Wellesley Hospital, 1923), a son.

STARRATT—On January 12th, to Mr. and Mrs. Raymond Starratt (Grace Savage, Wellesley Hospital, 1923), of Sheldon, Iowa, a daughter.

ROBERTS—On February 14th, at Wellesley Hospital, Toronto, to Dr. and Mrs. M. C. Roberts (Jeannette Simpson, Wellesley Hospital, 1915), a son.

CURRIE—On February 12th, at 332 Rush-ton Road, Toronto, to Mr. and Mrs. Thomas D. Currie (Margaret Duncan, Wellesley Hospital, 1915), a son.

WILLS—On February 8th, at Wellesley Hospital, Toronto, to Mr. and Mrs. James Wills (Anne MacBeath, Wellesley Hospital, 1921), a son.

KNOWLES—To Mr. and Mrs. Ted Knowles (Dorothy Martin, Brantford General Hospital, 1922), a son.

MARRIAGES

LA ROSE—BARBER—On February 11th, in Regina, Gertrude Barber (Regina General Hospital, 1919) to Arthur B. La Rose, of Tyvan, Sask.

ALLEN—CAMPBELL—On February 8th, in Vancouver, B.C., Margaret Grant Campbell (St. Paul's Hosp., Saskatoon, 1922) to E. R. Allen, of North Vancouver.

RUSSELL—GRAHAM — On February 14th, in Montreal, by the Rev. G. A. McIntosh, St. James' Church, Ethel Donnelly Graham, R.N. (K.G.H., 1922), of Kingston, to Albert Edward Russell, Selby, Ont.

LAURASON—DYCE—On February 7th, at Meaford, Ont., Mabel Dyce (St. Michael's Hospital, Toronto, 1914) to J. Laurason, of Toronto, Ont.

PLATT—MARTIN—At Vineland, Ont., Irene Martin (St. Michael's Hospital, Toronto, 1918) to James Platt, of Vineland, Ont.

WEBBER—ROSS—On Saturday, February 14th, at Dundas, Ont., Edith Ross (Toronto G.H., 1923) to Percy Webber. Mr. and Mrs. Webber will live at 152 St. Johns Road, Toronto.

FINLAY—SHINDLER — On Thursday evening, February 26th, Florence Shindler (Vancouver General Hospital, 1909) to Harold Finlay.

DEATHS

SNOWDEN—On January 18th, 1925, Miss Snowden (Montreal Gen. Hospital, 1902) at her home on Roslyn Avenue, Westmount, P.Q., after a lingering illness.

SPARROW—On January 19th, 1925, Mrs. Sparrow (Florence Evans, M.G.H., 1901), at the Montreal General Hospital, after a long illness.

FRISBY—On January 21st, 1925, at the Vancouver General Hospital, Mrs. Walter Frisby (Evelyn Little, Van. Gen. Hosp., 1920).

Official Representatives of the Canadian Nurses' Association at the Congress, International Council of Nurses, Helsingfors, July, 1915.

The Canadian Nurses' Association will be officially represented at the Congress, International Council of Nurses, 1925, by the delegates appointed at the time of the Biennial meeting, C.N.A., 1924, and by their President, who is ex-officio a vice-president of the International Council. The delegates appointed are: the President and the past Presidents of the National Association. All federated Associations in the C.N.A. should note that no federated Association can appoint a member to act as an official representative of their organization. Canadian nurses can be represented officially only by the delegates appointed by the Canadian Nurses' Association.

NOTICE TO OUR READERS

A young man calling himself Baker and giving his address as Toronto, Ottawa and Montreal, has been representing himself as an agent for The Canadian Nurse, authorized by the President of the Canadian Nurses' Association and Acting Editor, to collect subscriptions.

This statement is entirely false, as neither the President nor the Acting Editor have had any communication whatever with a man by the name of Baker: Further, the Executive of the Canadian Nurses' Association decided some time ago not to use agents for collecting subscriptions to The Canadian Nurse, except in the case of public or university libraries. The public will therefore please not give credence to any agent purporting to solicit subscriptions for The Canadian Nurse, as this is done entirely through the nurses' organizations in Canada.

Official Directory

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ANNUAL MEETING, 1925

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The Annual Convention, 1925, of the National League of Nursing Education is to be held in Minneapolis, Minnesota, May 25 to May 30, inclusive. Arrangements have been made to hold all sessions in the Nicollet Hotel, which is admirably planned and equipped to meet the needs of any convention group. It is recommended that Canadian nurses who intend being present at the convention should make reservations at an early date for hotel accommodation. Requests for reservations to be made to Geo. L. Crocker, Mgr., Nicollet Hotel, Minneapolis, Minn.

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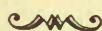
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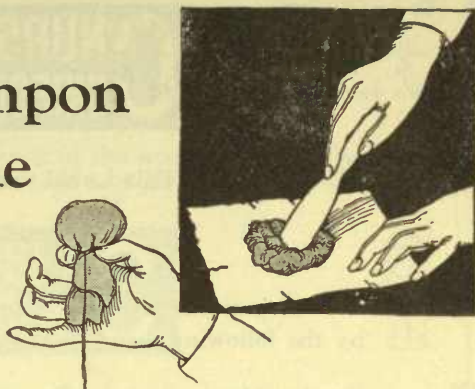
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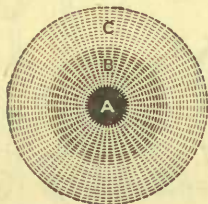


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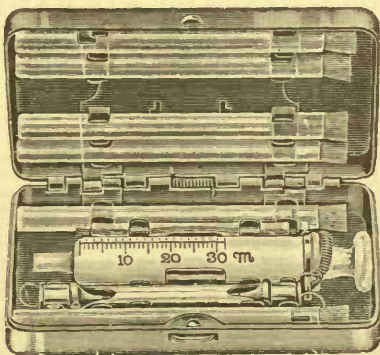
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The Importance of Periodic Physical Examination

By Dr. GEORGE S. YOUNG, President, Ontario Medical Association

THE motor car suffers more in the long run from the trivial defects that creep in than from the serious troubles that suddenly put it out of commission. The latter must be looked after at once. The former, too often, are unnoticed, or else left to the more convenient season which seldom comes. In fact, the disabled car frequently owes its sudden collapse to some uncorrected defect of long standing. Some wise people have their cars looked over periodically in order that these trivial faults may be found and repaired. Their cars look better and last longer than those of their less careful neighbors.

All of this may be said equally well of the human body. There is this break in the analogy, however—the human body can never be replaced by a new model.

Bodily defects, functional or organic, are exceedingly common. The proof comes from several sources. During the war, the examination of recruits, both in this and in other countries, showed that a large number of men were physically unfit. The insurance companies not only find many whose eligibility is open to question, but also reject many without hesitation as poor risks, and these applicants in the majority of cases

consider themselves physically sound. An American organization conducting periodic examinations of thousands of people finds defects more or less important in the majority. Statistics indicate that seven out of every ten would be the better for some treatment, hygienic or otherwise.

It is not to be inferred that all faults of body or mode of living are serious, but it cannot be denied that they all have a tendency to impair the efficiency of the individual, if nothing more. Nor can it be claimed that modern science will find a cure in every case. Nevertheless it may go a long way if the owner of the body will co-operate intelligently. Unfortunately there is a more serious aspect. There are many diseases of insidious onset. They do not reveal themselves early unless carefully searched for. The success of remedial measures depends largely on the length of time they have existed. Of these tuberculosis, diabetes, and troubles associated with high blood pressure are notorious examples. In the case of tuberculosis there is the added danger of the victim infecting others before he learns the truth about himself.

The moral is that every man, woman and child should have a thor-

ough examination, say, once a year. Would it pay? One answer comes from insurance companies issuing policies on millions of lives. Their statistics show that the periodic examination of policy-holders saves them enormous sums of money, and this does not include the value of human lives prolonged and the economic gain to the country.

Such an examination, to do good, must be something more than an inspection of the tongue, the taking of pulse and temperature, and the application of a hasty ear to the chest. It should include on the first occasion a careful inquiry as to personal and family history, habits and environment. The physical examination should be systematic and searching. The whole investigation, including urinalysis, would require nearly an hour and the applicant should expect to pay accordingly. It would be a saving of time if the record could be made in duplicate or perhaps copied by the person examined. The latter could retain a copy in case he were examined later by another doctor. On subsequent examination the history would begin from the date of the last record.

It is to be noted that the attitude of the person who presents himself for such an examination is not that of the applicant for life insurance. The latter is not so concerned about finding out his own defects as he is to get insurance. The former goes to the doctor with his own personal health uppermost in his mind. He is anxious to show his weaknesses, not his strength. He will therefore recall all sorts of apparently trivial things which may be of value in the estimation of his physical condition.

There is one objection which may be raised against periodic physical examination. The world is full of introspective people. There may be a danger of directing too much at-

tention to matters of health. Education of the public in regard to the importance of the early diagnosis of cancer raises a panic in the breast of many a woman. Popular publications on high blood pressure have caused unnecessary alarm. Would it be a good thing for Mrs. Neurosis to have in her possession a health record form showing that she had a systolic blood pressure five points higher than her neighbor? After all the objection can be removed largely by education. The patients in sanatoria for tuberculosis learn to view with equanimity even the spitting up of a mouthful of blood. The public will learn, if they have not already done so, that a variation of a few points in blood pressure is of no significance.

It is obvious that if periodic physical examination is to become general, it must come through the education of the public and the arousing in people of a genuine desire for physical fitness. Just here, a story is in order.

They were discussing this question at a meeting of a certain medical society. It was one of those rare gatherings without a dissenting voice. One member after another cited cases in which either disease had been recognized early by a life insurance examination, or had been discovered when too late for successful treatment. Finally a member crystallized the evening's discussion in a few sentences.

"It is evident," said he, "that doctors must take a more active part in preventive medicine. We have been too much engrossed in the treatment of the fully developed disease. To catch it while it is young and comparatively innocent we must examine people while they think themselves well. And here is our problem. The people will not submit themselves for examination until they have been

educated to the point where they recognize its value. Obviously we must educate the people. We are ready for action. What methods shall we adopt?"

Before anyone could answer, a doctor who had taken no part in the discussion rose to his feet and quietly said: "Will those in this hall who are accustomed to have a thorough medical examination once a year, please stand up." The question fell on the crowd like a bombshell. Each looked at his neighbor, but nobody stood up.

This story may have no foundation in fact, but it is a true picture of human nature as it is found in doctors (and probably in nurses).

It is a fact, however, that the King County Medical Society of Brooklyn a year or so ago began a campaign

of education of the public by examining the doctors themselves. The results were interesting. Of those examined, 17 showed "minor defects requiring observation or attention"; 54 were set down as having "moderate defects requiring hygienic correction or minor medical, dental or surgical attention"; 16 had "moderate defects requiring medical supervision as well as hygienic correction"; 4 had "advanced physical impairment requiring systematic medical or surgical attention."

No better evidence of the value of periodic physical examinations could be found. No better beginning in the education of the public could be made than to bring personal conviction to the would-be educators. We can neither consistently nor effectively advise others until we feel strongly enough about the matter to take our own advice.

Sister Fafard

At the February meeting of the Committee of Management of the Association of Registered Nurses of the Province of Quebec it was unanimously decided that the following resolution should be sent for publication to *The Canadian Nurse* and also to *La Veilleuse*.

Resolved that the A.R.N.P.Q. wish not only to put on record, but to bring to the notice of all Canadian nurses the very great loss which the cause of Nursing Education in Canada has suffered in the death of the Reverend Sister Fafard, late vice-president of our Association, and Directress of Nurses at Notre Dame Hospital. Sister Fafard was a woman of brilliant intellect, farseeing vision and great practical ability. The courses for graduate nurses which were given at the University of Montreal during the

summer months of 1923 and 1924, and which have been of incalculable value in improving and standardizing the education of nurses in the French schools of nursing were in large measure due to her, as was also the publication of a French journal of nursing, *La Veilleuse*.

We who were in any way associated with her marvelled at all she accomplished. The vigour of her spirit was accentuated by the frailty of her body, and yet to the end she worked, full of interest in all of us—responsive with enthusiasm to every new vision of nursing work—planning development for her new school and for our Association.

The name of Sister Fafard is indeed worthy of an honored place in the annals of the history of nursing in Canada.

— Editorial —

The month of May is graduation month for nursing schools, a time of roses and diplomas, speeches and merry-making. We hope that it may indeed be a happy, care-free time for every graduate of 1925, and from them we shall ask no further thought just at present. But from those charged with responsibility in the work of nursing education, the graduation month provokes most serious thought. It is a time when we must look before and after and try to pass wise judgment upon all our work.

It is still extraordinarily difficult to maintain the fact of a nurses' school within the hospital. The utter want of understanding in that connection from even thoughtful, intelligent people might well sap the courage of our strongest leaders, but as long as we are charged with the full professional preparation of the nurses of the country, we cannot think too seriously of these schools: their aims, methods and procedures must all be closely examined with reference to their educational value. We admit that any process to be educative must provide for growth, and growth as the criterion of education should be two-fold, namely, growth in breadth and in depth. That leads us straight to the heart of our present problem in the nursing school. In the immediate past, in response to pressing necessity, a broader curriculum has been provided, and in some cases the expansion has been of rather remarkable dimensions. So far, however, it has been difficult to strengthen and deepen the work of the schools in a manner that will adequately balance the expanding curriculum.

As we have just said, the curriculum has received persistent attention with regard to its content, and steadily, year after year, that content has grown. In truth we cannot take too much credit (or blame!) to ourselves for that: medical science and hospital practice are developing rapidly every year and thereby increasing steadily and inevitably the responsibilities and activities of the nurse. Now all this addition of new subject matter to the curriculum of the nursing school is desirable and, as we have said, inevitable, but it is also exceedingly dangerous. The immediate danger is superficiality. The net result of superficial teaching is to give back a class who have learned nothing. If the pupils are to be untaught at the end of the process of teaching, why trouble to elaborate the school?

Further, there are two conditions inseparable from the nursing school of a large hospital, both of which strongly tend to make the educational work of that school superficial. One is the large number of pupil nurses that must be maintained in order to staff the wards. Every teacher knows that the larger a pupil group becomes, the harder it is to teach effectively, and special care must be taken or the teaching will be of no effect. In that special care there are many points to be considered. The second dangerous condition referred to above is the variety of teaching opportunity offered in the numerous services of a large city hospital, e.g., medical wards, surgical, gynecological, obstetrical, mental, communicable disease, pediatric,

diabetic wards, out-patients' department, X-Ray department, etc., etc. The attempt to give the pupil nurse a little of everything and to give that little some educational value would tax the wisdom of the author of a Fisher Act.

What are the best means of meeting these tendencies to superficial work? We must see that our educational methods are sound—a curriculum in itself may mean nothing, a curriculum, operating under certain methods, may mean everything—and in speaking of methods we are not here referring to the class-room procedure of any one instructor: class-room procedure is an important enough matter, but there is something else that comes first. This first consideration must be the general method or plan upon which the whole teaching of the school is built. The curriculum should not expand beyond the opportunity for sound and thorough accomplishment of its content. Beyond that point we should not permit ourselves to go, no matter what the pressure may be. To make its work more effective, the large hospital school most desperately needs some provision for tutoring in small groups. Also there is an-

other condition that requires careful consideration; and that is the necessity for a very close correlation of the theoretical and practical teaching. Unless we can arrange for that, it appears that much of our theory might as well be abandoned.

We know that these matters are very close to the hearts of the superintendents of the hospital schools. Perhaps a re-statement of their case at this graduation time will help them in their efforts to meet the conflicting demands that are being made. The demands are bound to increase, and the need for wisdom will be correspondingly greater. It is possible that the rapid development of public health work, and the accompanying demand for public health teaching for the pupil nurse, may prove the proverbial last straw which will break the back of the present system and bring about some re-shaping of our schools. But whether the system change or not, our great concern now must be to build our schools upon sound educational methods. Thus, and thus only, will the community, the patient, and the pupil nurse be well and truly served: the interests of the three are one and we could not separate them if we would.

Nurses who contemplate going to England on their way to the Helsingfors conference, or who may be going to London to visit the Empire Exhibition at Wembley, should arrange to go into residence at the Royal British Nurses' Club, 194 Queen's Gate, London, S.W. 7. The Club is exceedingly comfortable in every respect and, for the comparatively small charges made, the meals are excellent. The house is situated in one of the finest streets in London and is close to the beautiful Kensington Gardens, with the fine Royal Palace

of Kensington and other places of interest in close proximity.

The members of the Royal British Nurses' Association are always particularly pleased to welcome overseas nurses to their beautiful club, and the Executive Committee have arranged that nurses from abroad, who are attending the Helsingfors conference or visiting England for the Exhibition, shall be able to stay at the Club on the same terms as its members do. The charges vary from £2 2s. to £3 3s. weekly, and full particulars can be obtained from the secretary.

Report of the National Memorial Committee

By E. KATHLEEN RUSSELL, Convener

As the work of the National Memorial Committee has covered so many months, and has been of a rather involved nature, it is well to refresh our memories about previous accomplishments before bringing the report up to date.

The progress of the Committee up to June of 1924 was presented at the Biennial Meeting of the Canadian Nurses' Association at Hamilton last year and the same report was published in *The Canadian Nurse* in August. Our readers will remember that we had then a conditioned promise from the Canadian Government to place the Memorial in the Parliament Buildings; also we had three sculptors working upon final designs which were to be submitted in December, 1924.

In December the three designs were submitted. The Board of Assessors, Mr. David N. Brown, of Montreal, and Mr. J. E. H. Macdonald and Mr. Ernest R. Rolph, of Toronto, met and made their selection. A unanimous verdict was given in favor of the design of Mr. G. W. Hill, of Montreal. The Nurses' Committee viewed the models also, and their unanimous decision was given in favor of the same model.

The approved model was then sent to Ottawa and negotiations were started with the Government. The members of our Business Committee have gone to Ottawa on several occasions. Mr. Hill, the sculptor, has been called in conference, and finally, after three months, a written acceptance of the model has been given us by the Honorable Dr. J. H. King, Minister of Public Works. On the 26th of March, under the direction of our legal advisors, the contract was drawn up

and executed by Mr. Hill, the sculptor, and the National Memorial Committee.

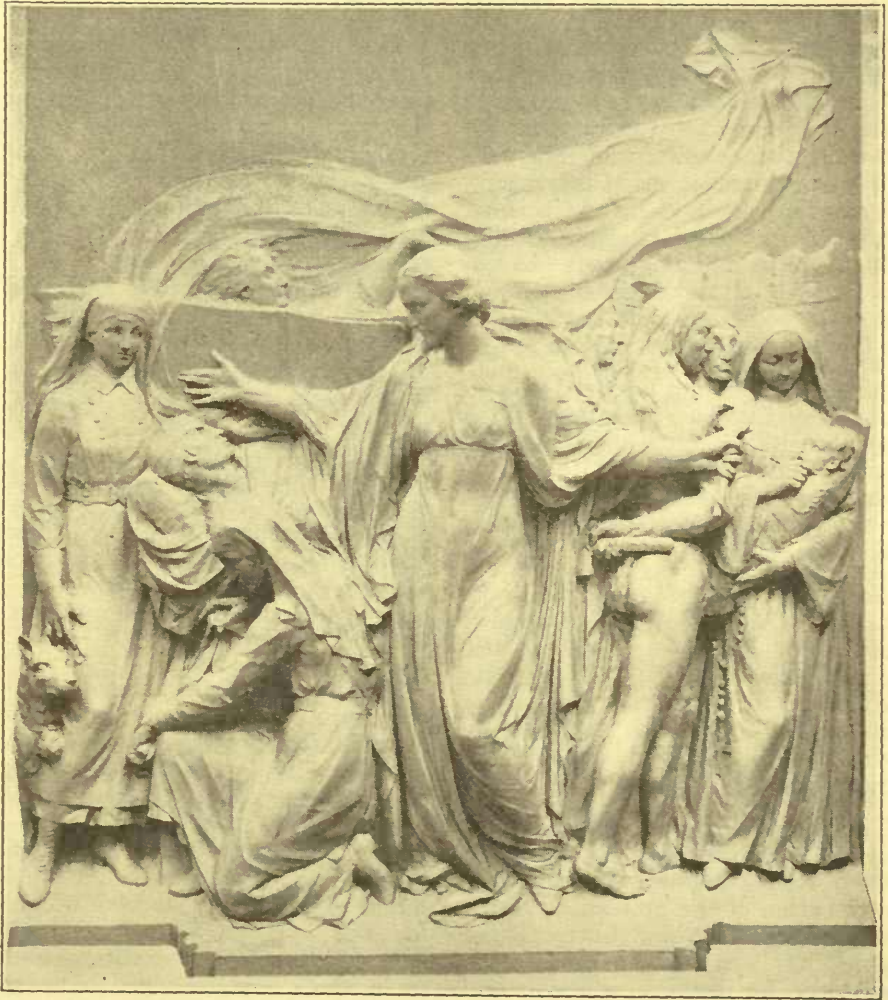
Mr. Hill expects to leave very soon for Italy, where he will have the marble quarried and the preliminary work done under his supervision. He will then proceed with his own work upon the memorial and complete it in Italy. He has undertaken to have the finished panel delivered in Ottawa in May, 1926.

After the panel arrives, it is estimated that there may be a month's work to be done while erecting it in the Parliament Buildings. That work cannot be done while Parliament is in session, so may have to wait until August. The Executive Committee of the C.N.A. will plan accordingly for the next biennial meeting, so that the dedication of the Memorial may take place at that meeting.

It is owing to the tireless activity of the two members of our Business Committee, Mr. C. Barry Cleveland and Mr. G. Larkin, that we have been able to carry these plans to a successful issue. They have had to deal with a three-cornered situation, consisting of the Canadian Nurses, the Canadian Government, and the Canadian sculptor, with negotiations for many months between Toronto, Ottawa and Montreal; they have carried through all the inevitable routine of business, and in addition have faced several critical situations but, refusing to acknowledge failure, they have at last found a way for us to accomplish our purpose. It will be difficult to acknowledge our indebtedness to Mr. Cleveland and Mr. Larkin.

It is believed that in this Memorial a rarely beautiful addition is being made to Canada's works of art.

Canadian Nurses' Association National Memorial



Photograph of the model chosen for the memorial from the Canadian Nurses' Association to their sisters whose lives were given during The Great War, and to the early nurses in Canada.

(See report of the National Memorial Committee on the opposite page.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

A Nurses' Club

By MARY EATON, M.A., R.N., Montreal

DURING the last two or three years a growing tendency has been evident among graduate nurses to organize with a view to bettering the condition of the self-supporting nurse: insuring her future, safeguarding her health, and making it possible for her—in spite of her arduous duties and long hours—to live in a comfortable and dignified manner, and enjoy something like home life in the few hours of leisure allotted to her.

Already something has been accomplished, with the co-operation of the larger hospitals, toward shortening the hours of duty and, though the eight-hour day is for most of us only a hope for the future, we feel that even that will come in time.

Provision for the economic independence of the nurse after her years of professional activity are over is also occupying the attention of the nursing body, and a constantly increasing number of nurses are safeguarding their future by taking advantage of the various forms of insurance.

The problem of providing comfortable and homelike living conditions for the self-supporting nurse is engaging the attention of the profession, and it is interesting to see how this particular problem has been solved in other cities: New York, for instance, where several successful clubs are in operation which have proved a great boon to large numbers of nurses. In Canada we are beginning to feel the urgent need of institutions of this sort and may benefit by the precedent and experience of others, by observing the different methods of establishing such clubs, and noting the measures of success attending them.

The majority of nurses' clubs are established under the patronage of some generous benefactor, or under the auspices and protection of some individual hospital, but in smaller cities than New York, where the members of the profession are much less numerous, there would be insufficient support for a club for the nurses of each hospital, and in the interests of co-operation, intercourse and fellowship between the graduates of the different training schools it would seem preferable to begin with a more united system. A good example of this latter unified type of clubs is The Central Club for Nurses in New York City, to the membership of which any nurse is eligible provided she holds a diploma from any recognized hospital or training school requiring at least a two-year course of training and residence.

The history of the inauguration of the Central Club is most interesting. Various attempts to run a self-supporting club on a small scale by using a rented house for headquarters proved impracticable, since expenses for repairs, etc., were an ever-growing burden and the revenue from the few rooms provided was far from adequate for the upkeep. Therefore, it was deemed advisable to institute a club on a scale large enough to be self-supporting, and for such a project the financial support of some larger corporation was obviously necessary. A general survey of the nurses was made: not only of New York, but of other cities, to ascertain the degree of support such a project would receive. Considerable interest on the part of the public as well as among the members of the profession was aroused.

Certain public-spirited members of the Y.W.C.A., who felt that the public owed a debt of sympathy and gratitude to the nursing profession, saw in the projected Nurses' Club an opportunity of enlarging their scope and giving a helping hand to a body of self-supporting women who enjoy a position singularly independent but correspondingly unprotected. At that time a whirlwind campaign was on foot by the combined Y.M.C.A. and Y.W.C.A. to appeal to the public for funds to erect several new buildings to extend their work. They invited the nurses of the various hospitals to join the campaign, the objective of which was to raise four million dollars, on the understanding that if the quota were obtained four hundred thousand dollars would be appropriated for the building of a Nurses' Clubhouse of 265 rooms. The nurses accepted this offer and by their own efforts raised eighty-five thousand dollars, which formed the nucleus of the building fund, the balance of the four hundred thousand being appropriated from the general fund. By this time considerable public interest had been aroused, and when it was proposed to add a laundry, trunk room and roof garden to the original plans for the building there was no difficulty in borrowing the requisite extra thirty-five thousand dollars.

On its completion the building was handed over to the nurses, to be run independently by them on a self-supporting basis.

Many were the arm-chair critics, many the predictions of failure on the ground of precedent, but success was evident right from the start. The first year thirty-four thousand of the thirty-five thousand dollars borrowed was paid back and it soon became evident that the building could be made self-supporting and that a substantial surplus could be depended upon each year.

The Clubhouse opened its doors on July 1st, 1916, to 250 of its 500 members, and has proved itself, besides

being an incalculable boon to the nurses, one of the star branches of the Y.W.C.A. and its most productive arm, showing a large surplus each year over and above all expenses for upkeep and repairs, and enjoying the distinction of being almost the only Y.W.C.A. building that can be run with actual profit. This is the more remarkable in view of the fact that most of the clubs instituted along other lines have either gone to pieces or have had to depend for support upon private beneficence, or the aid of the hospitals or other institutions under whose protection they exist. Clubs have been instituted on a plan by which an individual or corporation erects a building along lines suitable for a nurses' club, the building being rented to the nurses on a 6% basis. Others have been the gifts of generous sympathizers and wholly or partially endowed; but so far as it has been possible to ascertain, clubs instituted along those lines do not seem to be profitable, or even self-supporting.

Returning to a consideration of the Central Club, the system upon which it is run may be noted. As it is a Y.W.C.A. branch, it must be directed by a Y.W.C.A. secretary, and the Central Club is fortunate in having as its administrator an efficient Y.W.C.A. secretary who is also a graduate nurse and hence is in close touch and sympathy with both elements. The control and direction of the club is in the hands of a committee consisting of fifteen professional and fifteen non-professional members, and from these is chosen a committee of management.

The success that has attended this system of management is evidenced on the one hand by the substantial financial surplus shown each year, and on the other by the fact that the membership of the club since the clubhouse opened in 1916 has increased from 500 to 2,116. A waiting list of over 800 applicants for permanent rooms also testifies to the popularity of the club and the enthusiastic approval of its resident

members. Residence is restricted to members in active service. In 1921, after five years' experience, it was found necessary, on account of the large number of nurses calmmoring for the privilege of residing in the club and the tenacity with which the permanent residents clung to their rooms, to impose a limited term of residence, five years, at the end of which time the member has the privilege of placing her name on the waiting list once more. In this way the large number of nurses on the waiting list are given some hope of obtaining rooms in the future, and the Club is safeguarded against becoming, in the course of time, an Old Ladies' Home.

The Central Club offers to its members social and religious privileges, as well as all the comforts of a well-regulated home and the advantages of a well-run club. For a very small annual fee the non-resident members enjoy many privileges: they may use the Club as their headquarters and postal address; they also have the use of the library, reading and writing rooms, living rooms, dressing rooms, and dining room. They may rent, for a nominal fee, locker and trunk-room space, or rooms for private dances or entertainments. Charming little private sitting-rooms are rented by the evening, and are so popular that—as an evening visitor, being shown through the building—the writer, after two or three *tete-a-tetes* had been interrupted, begged the guide to spare the occupants and agreed to take their attractiveness on faith, as all the rooms were occupied. Other members were availing themselves of the advantages of the laundry, reading, writing, sewing and rest rooms. The registry, which has its offices in the building, was busy answering and supplying calls.

In the attractive dining-room, meals are served at reasonable rates, breakfast and luncheon being on the cafeteria plan, and table d'hôte dinner served at night. Afternoon tea is served by order; arrangements can

be made for special luncheons and dinners, and meals are served in the rooms if desired.

The purpose of this article is merely to give nurses in cities where a Nurses' Club is at present only a hope for the future, some idea of one of the ways in which that hope has been brought to fruition and to show that under average circumstances and with the right kind of backing to start with, it has proved possible to run such a club on lines which are both satisfactory to its members and economically sound.

In closing I should like to quote the address read at the laying of the corner-stone of the Central Club, Nov. 7th, 1915. It was written by one of the women to whose interest and untiring efforts the establishing of the club was due. It expresses an attitude on the part of the public of confidence, gratitude and appreciation which should be an added incentive to us to raise our professional standard and our ideals and our conception of the dignity of our calling. This is her message:

"To the nursing profession, each member of the community owes, sooner or later, a debt of gratitude which it can ill afford to neglect, yet which it can with difficulty repay. As a token of its appreciation and faith, the public offers to the nurses of New York City this building, with the affection of many friends, and in the hope that within its walls they may never fail to find the physical rest, mental refreshment and spiritual renewal so necessary to the members of that great profession, who give themselves unsparingly and, when the call comes, recklessly, to those who suffer and who die.

"May the Club ever hold before its members that high ideal of the profession which lays emphasis upon the fact that its work is not a business, but a vocation, to which, when a woman is called, she dedicates not only her ability and skill, but her character and life, with the true self-

forgetfulness of those who serve great ends. To look back across the years, and to see the many noble lives heartened for their task, standing as a promise of other lives to come, will be sufficient reward for those of us, both within the profession and outside of it, who have labored to bring this Club into being, and to hold it true with steadfast purpose and unchanging

vision to its great ideal of Christian service."

(Editor's Note.—The writer of the above article has expressed the opinion that *The Canadian Nurse* might be used as a medium for the discussion of ways and means by which Nurses' Clubs could be established in Canadian cities and towns. Short articles on this subject will be welcomed.)

In the Light of Faith

The spirit of the day in this work-a-day world of ours is ever calling out to us, "Rush! Hurry! Attain!" Truly this is right and laudable in the sense that every moment of time properly spent is of inestimable value to ourselves and to those with whom we come in contact.

It is to be regretted, however, that few see it in this light and that the predominant spirit is selfish and self-seeking.

Let us sincerely ask ourselves: "Has this spirit of the world anything in common with our profession?" We know the eminence of that profession is due to the value of human life and its sacredness before God. We, its members, are set apart in honor and dignity because of our lives of service and of high moral standing. We are benefactors of the general public in so far as we recognize not only the needs of humanity but also the dignity of human beings, calling forth that spirit of service to uplift the broken and bruised members of society. Now, this worldly spirit when not supernaturalized, narrows the horizon of our lives and limits their aspirations merely to the needs and comforts, the gratifications and satisfactions, of the cravings of the physical well-being.

Probably in no line of human activities is the rule of this spirit so much in evidence as in all that pertains to

our own profession. Good is done; wonderful progress made; marked advancement attained; but in it all, unhappily, there is a tendency to look for nothing beyond what lies immediately before us in the sense world—the mere material.

This is foreign to our profession, and our lives should be a direct denial of such limitations.

Our service should be built, first, upon the realization which the Light of Faith illuminating our intelligence makes clear to us: that the sick, the helpless, with whom we deal and to whose care we give the best that is in us, are the creatures of God, made in His image. Then our service to them is the purpose of our soul, namely: to do our duty to our Divine Master. We feel that we are not laboring for the passing day, we are not toiling for one whose destiny is to seek and find the perfection of physical well-being, but for one whose soul is to dwell with God in eternity. This Spirit of Faith is the root of Charity which gives no ear to the pleadings of selfish instincts.

If this is our ideal, by accepting all that science give us and utilizing the helpfulness that is extended to us through the progress that comes day after day, we are enabled with generous outpouring to give our fellow-creatures what we should give: A life of sacrifice and true service.

"L."

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.

Miss EDITH RAYSIDE, General Hospital, Hamilton, Ont.

**The Value of Mental Testing (Part II.)*

A reliable means of selecting Candidates for the Nursing Profession.

By **MARY GOODYEAR EARLE, A.M., R.N.**

THE TERM "MENTAL AGE"

At last we are beginning to understand one of the reasons why in a study of native born whites out of 1000 children only 95 graduate from high school and only 10 from college. This gives us an inkling of our real demand when we exact a high school diploma for entrance to a training school. "The mental age has no significance whatsoever aside from the particular scale from which it is derived. The term 'mental age' . . . really means a score on a particular series of tests" and this term "should always be regarded as a score and not as a diagnosis. The term is the resultant of at least three factors, physical maturity, environment, and native intelligence."

Likewise the term "intelligence quotient" is an arbitrary measure employed so frequently that we speak of it as the I. Q. This is the mental age divided by the chronological age and is usually expressed by per cent. The I. Q. of the exactly average child of any age is 1 or 100 per cent. But the I. Q. of the adult of any age is based upon the age of fourteen.

The testing of general intelligence amounts to mental measurement accomplished by means of mental tests. Dr. Link, an authority on industrial tests and the psychologist in the United States Rubber Corporation, considers that a "mental test is a device, similar to a measuring instrument in any of the sciences, by which certain mental activities can be accurately measured," and measured largely apart from school knowledge. A mental test serves the psychologist much the same way that the thermometer serves the physician. It is a valuable and above all an economical instrument in mental diagnosis.

Now "measurement in any field does not change to any appreciable degree the material to be measured. The surveyor, for example, who measures the area of a field makes very little impression upon the soil over which he passes. A physician who measures the weight of an infant does not thereby increase that weight or diminish it. In the same way the mental tester who applies a test to a filing clerk, does not by that act increase the efficiency of the clerk." "A test of intelligence confers no new functions; it can and does tender additional aid about the person measured." The real purpose of a mental test "is to tell facts about a situation more exactly and with greater objectiveness than they could be told in a description. A child may seem at first to be under weight, but in order to know definitely whether or not that is true it is necessary to measure his age in terms of years and months . . . to measure his weight in terms of pounds and ounces and to measure his height in terms of feet and inches. All of these measures taken together, however, will not hinder the child's growth or make him develop more rapidly. They merely indicate what his present condition is."

FACTS AND OPINIONS

Among other things tests of intelligence do prove that "some members of the species are much stupider than others; that school prodigies are usually brighter than school laggards; that the offspring of socially, economically and professionally successful parents have better mental endowment, on the average, than the offspring of janitors, hod-carriers and switch-tenders"; and that at least thirty per cent. of commercially immoral women are mentally defective.

"Psychological tests must not be over-estimated," says Stern of Germany, "as if they were complete and automatic operative measures of mind. At most they are the psychographic minimum that gives us a first orientation concerning individuals about whom nothing is known, and they are of service to complement and render comparable and objectively gradable other observations, not to replace these."

"The scientific method of mental measurement has passed the theoretical stage. It has squared with the facts wherever it has been intelligently applied. It has been demonstrated in a wide range of business and industrial applications, in education and in its use in determining the qualities and fitness of officers and men in the Army and Navy. What it offers is the shortest, simplest, and most accurate means available of determining human capacities and qualities."

THE GROUP VS. INDIVIDUAL TESTS

Group tests of mental ability as well as of achievement have become increasingly popular since a million and a half of our army men as well as 453 of our army nurses were tested during the war. There is much to be said for this method of testing as a speedy, economical, but more or less rough measure of finding the intelligence ratings of numbers of people. It lacks the precision of the individual test as well as a valuable opportunity for case study, but it is a prompt and efficient means of sorting out those of superior intelligence. The high scores made by individuals on a group test may be taken at their face value—but it would be a serious injustice to an individual to assume that the lower and sometimes the average scores were a fair measure of their performance. In other words those making low scores on a group test should be retested either with another group test of known reliability or by one of the standard revisions of the Binet.

In this connection, Yerkes and Yoakum say, of the army tests, that "there are convincing evidences that some men are not fairly measured

either by Alpha or Beta (these were the two group tests used), and that the provision of careful individual examination for men who fail in Beta is therefore of extreme importance." A good doctor does not diagnose a case of tuberculosis or cancer without a careful use of all the instruments at his disposal. In this same connection Professor Colvin says: "In my work with students at Brown University I have found scores of instances in which intelligence tests have not only failed to indicate in a positive way college performance, but have also shown results at variance with this performance. In a considerable number of cases the lack of relation has been clearly due to the fact that qualities other than intelligence have played a deciding part." Professor Colvin refers here to group tests.

Of the advantages to industry, in the use of tests, Dr. Trabue says: "There is, in fact, no degree or kind of employment for which a more intelligent and satisfactory selection of employees cannot be made by means of properly devised mental tests accurately applied, than by any other method now in use." A large number of the biggest industrial corporations of America have already adopted in whole or in part some system of scientific mental tests, often in connection with vocational and industrial tests of various sorts, "for the classification and grading of present employees, the selection of new ones, and the filling of vacancies by promotion."

"It should be very clearly understood," says Dr. Stern, "that psychological tests are not easy to conduct. Their administration demands extended practice, psychological training and a scientifically critical mind. Average teachers' methods of applying tests are apt to be positively illusory." The inexperienced, however clever in his particular line, has no moral right to tamper with a matter so vital to the individual concerned. The well-trained nurse does not prescribe medicine, neither does she diagnose disease.

In countless ways intelligence testing would be of enormous value to super-

intendents and supervisors in training schools. Might not these tests afford a partial solution of some of the problems of the curriculum? It will certainly afford an explanation of why some students cannot do chemistry and an equally efficient way of crowding some who can do it if they would. Might not a superintendent select the students for positions of responsibility with more confidence knowing already their intelligence ratings? Would she not be in an infinitely stronger position to recommend those fitted for positions of leadership in after-training days?

You will remember that we mentioned earlier in this paper a study of the schooling of native-born whites, which reveals the fact that out of every 1000 in the population only 95 graduate from high school—"so that distinctly more than average intelligence would seem to be a prerequisite to a college education and almost as strictly a prerequisite to graduation from, or even entering, high school." In view of the fact, and also in view of the difficulty of securing high school graduates in some parts of the country, would we not be simply abreast of the times, rather than ahead of them, if we required an intelligence test of our students very shortly after entrance as probationers, as well as some measure of school achievement; if Professor Thorndike says that a boy, making a score of 95 on his tests, should be admitted to college regardless of the deficiencies of his early schooling, can we, so sorely in need of suitable student material, be less generous? The object is not to lower our standards

but to raise them, and to raise them in such a way that we will get results. I do not believe, for instance, that any adult of superior intelligence wishing to be a nurse should be turned from our doors without a trial, no matter what her early schooling was. The mental test applied by professional psychologists will probably prove in future one of the best aids in evaluating equivalents. Dr. Woodworth of Columbia says that while 50 per cent. of those going to high school can never graduate, many who could do the work never go! Can we not use some of these, accepting those of superior intelligence on the basis of adequate intelligence testing (under the equivalent clause)? A recent experience of my own in Binet testing in a large and prominent hospital illustrates what I mean: Two little Irish girls recently arrived in this country were taken as probationers. One would have said from casual observation of them that they came from about the same social stratum. The individual examination (a group test would not have served this purpose) developed the fact that one of them was a very ignorant little person with a twelve-year-old vocabulary, a mental age of thirteen years and nine months and an I. Q. of 98; the other was really a very well-educated person, a so-called superior adult, with a superior adult vocabulary, a mental age of 18 years and an I. Q. of 129.

*An address delivered before the National League of Nursing Education held at Swampscott, Massachusetts, June 25-29, 1923.

Book Review

"Smiths of a Better Quality," by Colonel George G. Nasmith, C.M.G., M.A., Ph.D., D.P.H., D.Sc., Toronto: Oxford University Press; pp. 138, \$1.00.

This book is a singularly interesting piece of health propaganda, but not propaganda in the ordinary sense, because the author weaves his teaching into the form of a story of interest so captivating that the reader follows and unconsciously absorbs sound teaching on the rearing of healthy children, and the contribution to be made by home and school to the de-

velopment of habits of health in mind, body and character.

This book may be confidently recommended to all nurses and teachers with the assurance that they will receive new viewpoints which will enable them to carry on their own work in nursing and health teaching with increased effectiveness and satisfaction.

"Smiths of a Better Quality" is the first of a series of ten books on educational subjects to be issued by The National Council of Education of Canada.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

The Personnel Department

By AMY B. EDWARDS, Personnel Director, David Spencer Ltd., Vancouver, B.C.

THERE has been so much criticism of the term Welfare Work, that a brief discussion of the term may not be out of place. In many places in the United States and Canada the term is now taboo. The reason being, of course, that at times the work has been placed on too much of a charity basis, which was naturally resented. At other times, inconsistencies in the general administration of the business prejudiced the workers. Other terms which we find used are: Employee Betterment, Service Department, and Personal Department.

The last we think much the preferable term, being broader in its meaning and without any suggestion of patronage. However we may choose to designate it, we accept the meaning in general as a voluntary effort on the part of the employer to improve, within the existing industrial system, the condition of employees in his factory or store, thereby securing that personal touch otherwise lost in large business concerns of today.

We believe that with the proper introduction, employees will welcome efforts for their physical, mental and moral welfare, provided we have three conditions on which to build such efforts.

1. The management must always recognize the needs of the employee for steady work, an equitable wage and hours as short as competitive conditions permit.

2. The employer must participate actively in all such attempts.

3. The employees must bear a definite responsibility in connection with these efforts and feel that they

belong to them and their success is desirable for their own pleasure or benefit.

With our usual conceit we are apt to consider all movements in this direction as innovations or at least modern developments of our present system of social effort. Many organizations, we know, are not yet convinced of their desirability. For the beginning we must go back as a matter of fact, to the Motherland, to the last of the 18th Century. Robert Owen is sometimes called the "World's First Business Man:" he was born in decent poverty and at the age of nineteen years took charge of the New Lanark Mills, in the year 1792. From the very beginning of his connection there, he was on friendly terms with his employees, visiting frequently in their homes. The friendliness, good cheer and enthusiasm were contagious and the place became prosperous. These facts become increasingly interesting when we realize that we are dealing with a time of tumult and changing conditions. The French Revolution was "on". The American colonies had been lost. Hand labor was giving way to all the wonderful new mechanical devices which resulted in mills being established wherever power was available. Young folks crowded into the cities and filled the tenements which were quickly being built. Children could tend the spinning jenny, therefore, to rear a large family was a paying enterprise. Very often girls and boys from the workhouse and orphanages were used, herded together under slavish conditions with a working day of at least twelve hours. Finally the Man-

chester Board of Health asked for investigations and then a great protest went up from the employers. One man who had some hundred boys and girls from six to twelve years of age, working fourteen hours per day, was accused of cruelty, and retorted "If I doesn't work 'em all the time 'cept when they sleep and eat, they will learn to play and then they'll never work."

Out of this situation emerged Robert Owen with a business based on his firm conviction that "a business transaction when both sides do not make money is immoral." A series of improvements followed the transfer of Lanark Mills to his hands. Some of them were:

Reduction of working hours from twelve to ten.

Improved sanitary arrangements (including shower baths).

Consideration of the diet of the younger employees.

Schools built at a cost of \$30,000 (children of one year and over were placed in these during the day to relieve the mothers).

Night classes.

No physical punishment.

Mother's meetings.

Saloons abolished in the vicinity.

Model houses built, gardens planted, prizes for finest gardens.

With all this, a sufficient tax was levied not to pauperize the persons who were profiting. Added to this philanthropic inclination, Robert Owen had keen business ability amounting almost to genius and in a few years his mills attracted wide attention. The fact that to a great degree Owen worked alone, accounts for the lapse in the development of these ideal conditions after his inauguration of them. He was far in advance of his time and could not get the support one would naturally expect. His book on Child Labor was emphatically denounced by press and pulpit. Nevertheless, through a long life time he never ceased to struggle for his cherished ideals.

To trace the progress of personnel work from these beginnings to the present highly organized schemes would be a lengthy and difficult task. This fact should always be born in mind; the sustaining idea has never been charity or efficiency; but rather the desirability of a high standard of living and the recognition of individuality and individual responsibility. The progress has been quiet, often unobserved. In the discovery and development of methods, the best employers (by their own improvements) have always led the way. On the other hand, factory law has fostered the sense of responsibility for the welfare of the workers, so that many employers go beyond the necessary requirements as far as means will allow.

An encouraging aspect of the situation is the fact that thinking people believe that the solution of some part of industrial problems is to be found in the consideration of the workers' conditions. Industry, too, may solve some of its problems by giving this wider meaning to employment. The term Education once referred only to a study of the three R's or the classics, today it is understood to include instruction in physical training, medical attention, feeding of children, proper recreational facilities, home visiting, etc. Public funds are expended on carrying on the educational programme. Employment can no longer be taken to mean the payment of a wage for a fixed number of hours work in a factory, store or office. Its broader significance embraces a responsibility for the health, recreation, good housing, etc., of the employee.

If this work is to be carried on, there must be machinery devised for its promotion. What was formerly a pleasant duty of the owner of the establishment, becomes an absolute impossibility with the growth of a large business, particularly when that business is transferred from private ownership to that of a com-

pany. The task of personal relationship with the employee has completely outgrown the capacity of the individual and must be delegated to others, call them what you will.

So the Personnel Department makes its entrance on the stage. Many criticisms are launched against the work by thoughtless individuals who declare that "It would be much better for so-and-so to pay their help better and not have so many frills." We have already stated that adequate payment must be a foundation for any successful personnel work. Assuming this, we wish to emphasize the fact that the employer very often finds that a considerable sum of money expended on some particular advantages for his employees in general reacts more forcibly than the small individual amounts which might be added to each pay-envelope. Unfortunately, we have no assurance that a weekly increase in wages will be expended for proper medical attention or recreation or educational improvement or any of those things the employer particularly desires for his workers. He values, too, the esprit de corps which is built up through these common interests.

The duties and scope of the Personnel Department in actual practice depend largely on local conditions and the wish of the individual manager. No two departments are identical in size or system. Of the difficult problems and limitations one soon becomes painfully aware. Results are not always obvious and the utmost patience is required along with the willingness to grasp every opportunity for service even though it does not come within the prescribed eight hours. The joy more than compensates for the disadvantages and the worker almost always feels well repaid in one way or another. The writer is reminded of one case where she had been assisting a neglected and altogether badly treated young wife with a small baby, who lived in the upper story of a

rather shabby and none too clean house. The landlady followed her to the door insisting that she would have an amazing reward at some future time for the services rendered. The writer protested that she was having quite sufficient satisfaction from the work now. Still the landlady persisted, "It is bread cast on water," she said. Finally, as the writer tried to quiet her, she earnestly assured her in these words, "You know you might some day have a husband who wasn't just all he ought to be." One felt if that was to be the particular form of reward there are times when one might prefer to go unrewarded.

Unquestionably, to be unable to get the other fellow's viewpoint is to fail at the start. We social workers cannot cultivate what ability we have in this direction too assiduously. At this point we are reminded of a certain article in the Literary Digest: The Inmates of the Girls' Industrial School at Delaware, Ohio, the state reform school for delinquent girls, were asked to write a composition on "My Opinion of Social Workers," just after a state conference had been held at the school. One girl wrote, "Not long ago there was a large group of ladies come to this school and they were some of the most homeliest people I have ever saw. I never will forget the first time I saw my probation officer, because she looked so funny. I really felt ashamed to come on the train with her because her hair was skinned tight back and she looked so queer. I have my hair bobbed and curled and she said, 'I don't like the idea of taking you with your hair like that,' but I just had to laugh to myself." Quite frequently, I dare say, some of our friends for whose "uplift" we are laboring have a quiet little laugh on us. It might be quite helpful if we more frequently were made to see their viewpoint.

The Personnel Department is still largely in process of making, nat-

usually a staff of two or three cannot be expected to carry on just the same programme as a staff of twenty-two or twenty-three. The well organized department is responsible for many important phases of the life of the organization including the following:

Employment: This embraces the careful selection of employees.

Education: Introduction into the regulations and facilities of the organization; classes of a purely technical nature or of general school salesmanship classes; training for executives. Some very interesting experiments have been worked out in exchanges between schools and industries.

Publications: House Organs with material gathered, as far as possible, from employees having the supervision of the Personnel Department.

Medical Department: Industrial medicine may be defined as "The best type of medical care, sanitation and hygiene applied to the worker and shop, in order that the employer and the employee may enjoy the benefit of the worker's continuous productive employment." It has been calculated that 3 per cent. of workers are absent through sickness, resulting in a great loss, a large part of which is avoidable. Therefore, elaborate systems are provided for:

1. Physical Examination (not with the idea of eliminating but of fitting the round peg in the round hole);
2. Medical attendance in cases of illness;
3. Sick visiting (keeping records of illness and giving needed assistance in the home);
4. Administration of Sick Benefit Funds;
5. First Aid Room (prevents many serious illnesses, saves time for the worker and company);
6. Safety First Propaganda, schemes to foster health habits, posters, enclosures in pay envelopes, lectures, safety devices on machines;
7. Dentistry.

Employees' Rooms: Lunch room, nourishing food, comfortable noon hour under best conditions; retiring

room necessary; rest and recreation rooms; sanitary arrangements adequate; good facilities for drinking water; individual lockers.

Library: Well equipped with fiction and technical books.

Savings Bank: Helps to instil the idea of thrift, discourages quick spending of weekly wages.

Discipline: One of the functions of the Personnel Department should be to give all possible encouragement for adherence to the highest standards and strong support to the necessary discipline of the establishment.

Service: Below is a typical programme of the service work in a well organized factory in England:

Staff—5 lady social workers; 3 gym instructors; 1 dentist; 1 doctor; 2 nurses; 1 social secretary and editor.

Recreational and Educational Activities—Girls' Ambulance and Nursing class, plain sewing, embroidery; dressmaking, cookery, musical society, band, boys' club, gymnasium, football, rugby, camp, old boys' association, girls' hockey, baseball, cricket, swimming, angling, bowling, tennis, debating society, Saturday social for girls, men's social clubs.

This, with an outline of the personnel department in one of the best equipped American stores, should give a fair idea of the recent developments where the work is being extensively and effectively carried.

Personnel staff, 22 in number—personnel service director; executive secretary; physicians (including surgeon and specialists); hospital nurses; visiting secretary; dentist; two physical directors; pianist.

Recreational and Educational Activities—Dramatic club for men and women; athletic club; men's club, men's athletics, smoker quarterly; women's league supper; studio girls' club, especially for cashiers; women's glee club; seasonal classes are held in dressmaking, millinery and cooking.

Equipment for pleasure—1. In the smoking room are cards, checkers, chess and a billiard table; 2. On the roof garden, the handball, tennis, basket and volley ball courts, provide more strenuous exercise; 3. There is also a well selected library with a reading room for men and women; 4. The sewing room is equipped with machines, models, electric iron, lockers, etc.; 5. Its own orchestra furnishes the music for all special occasions.

The relation of the trained nurse to all these programmes is obvious. Her position as a part of every welfare scheme in the working world is accepted. Let us remind you, however, that it is not a fever nurse the employer looks for, but one who has a vision of the broadest aspects of her work. The opportunity for personal service must be felt a responsibility, in the best use of which lies her contribution to the making of good Canadian citizens.

Wide-Awake

[After the recent article on Immigration, "Caught Napping," the following page from the monthly report of a public health nurse in Toronto might well be called "Wide-Awake." It gives a glimpse of the sound educational work of the public health nurse, which undoubtedly is one of the best Canadianizing influences among our recently arrived European immigrants. For those who are not familiar with public health nursing in Toronto, it should be added that the case described was an emergency, as bed-side nursing is not included in the routine work of the nurses.—Editor's Note.]

By E. W. MCKINNON, Reg. N.

We have always had the greatest difficulty in trying to teach our Polish mothers the proper care of their babies, partly because they understand so little English, but mostly on account of their old-fashioned superstitious ideas, which they seem to have inherited for generations.

This last week we have had quite an interesting time with one such Polish family. Mrs. K. and her three young children live in one upstairs room in the most dilapidated and dirty old house in my district. It would be impossible to imagine anything worse than this residence, which is rented to four different families, all of the lowest grade of mentality. One dirty sink and a toilet off the original kitchen are the only sanitary conveniences and the two families who live upstairs have to go down a rickety staircase and out across a yard to get every drop of water they use.

Mrs. K. was deserted by her husband seven months ago and since that time, though in very poor health, has supported herself and family by

scrubbing the floors of a restaurant. Her weekly wage was ten dollars and her rent eight dollars a month, and by the time she had supplied fuel, food and clothing for her little family, not a cent remained. To make matters worse, another baby was expected in February.

It was a long time before we could persuade Mrs. K. to attend the prenatal clinic at St. Michael's Hospital, but she finally did so and arranged to go into the hospital for her confinement. The three children were to be placed in a home while she was there and a beautiful layette was obtained from the Rotary Club. We felt that everything was safely provided for, but to my dismay when visiting last week, I found Billie, the three-year-old, just covered with measles.

The very next morning a call came to the school that the nurse was wanted immediately in MacDougall's Lane, and on going over I found poor Mrs. K. in labor. I rushed back to school to consult Dr. M., and while she 'phoned for a doctor from St.

Michael's, I hastily collected gowns, towels, absorbent, soap and a brush from the medical service room and returned to Mrs. K. along with Miss D., a student nurse.

We first moved the sick child, loudly protesting, to the family downstairs, also disposed of the other children, and then took stock, mostly of the necessary articles that we did not have. A bed with only an old red comforter on it, a huge stove covered with battered old cooking utensils, a table with unwashed, broken dishes, and two chairs, comprised the furniture of the room. Overhead, clothes lines were strung from one wall to the other. Not even a scrap of anything to make a pad for the bed could be found, so Miss D. went around the corner and begged a bundle of newspapers from a fish and chip shop, and lysol and boracic from the corner drug store.

In the meantime, I had tried to get the room in some kind of order and had commandeered a grey enamel basin from a colored tenant, who was most ungracious about loaning it, and had arranged a scrub up for the doctor on the end of the table. The only instrument we possessed was my bandage scissors, which we sterilized.

While waiting for the doctor, the moments seemed like hours. Neither Miss D. nor I had ever seen a case outside of a well-appointed hospital operating room and we felt as if the woman could not escape getting some terrible infection. All this time, Mrs. K. was wailing loudly and calling on all her friends, both in Polish and English, to come to her assistance and we had the greatest difficulty in keeping one of her filthy Polish neighbors away from her.

Just as the baby was born Dr. C., a young houseman from St. Michael's Hospital, arrived. He had plainly never been in such a place before and could not get it into his

head who we were or from where we had come. I had completely forgotten all about the placenta and had not prepared anything to receive it, so when he called for a basin Miss D. coolly reached over to the stove and handed him the potato pot. It was then that he asked her from what school she had graduated. I did not know about this little episode until later when we had time to laugh about our experiences, for I was trying to find room on the already overcrowded table to deposit the baby.

I found a bottle of castor oil and used it to oil the baby, and after the doctor left had to scald out that same potato pot and use it to bathe both mother and child. The one and only bath towel had to be used for an abdominal binder.

Before going off duty that evening, I returned to find the fire out and the mother worrying over the children who had been detained downstairs, and nothing but dry bread in the house for their supper, as the supplies from the House of Industry had not yet arrived. Sterile dressings had been obtained from Burnside, and I fixed up the woman comfortably for the night, started the fire and carried the two sick children (another had developed a rash during the day) upstairs and put them in bed with their mother. An old basket, after being emptied of wood, and lined with a coat, provided a bed for the baby. An emergency supply of groceries was obtained, but it was certainly with a very doubtful heart that I left poor little seven-year-old Marie in charge of her family.

Just a week has passed since Baby Frances' arrival and many changes for the better have taken place in that little home. All three children are now in the Isolation Hospital, a woman was sent in every day by the Catholic Charities to do the work. Bedding has been supplied for both

mother and baby—some by the Social Agency, but mostly by the teachers at Ogden School, who every day send over some donation. This morning as I was leaving school to bathe the baby, the assistant principal handed me half a dozen fresh eggs for "my family." Mrs. K.'s temperature has never gone above normal and Baby Frances is the most adorable, healthy infant, though I am sure she does not weigh over five pounds.

Best of all, I do not feel that my time has been wasted, for nearly

every morning I have had an interested audience of one or two Polish mothers, who come to watch me bathe and dress the baby. They ask all manner of questions and admire greatly "the nice clean baby" and have even promised to come to clinic. I have tried to do everything as perfectly as possible, under the circumstances, and also to explain to them just why we think our way better than theirs, and am now hoping that these actual demonstrations will do more good than all my teaching of the last three years.

Annual Report of the Public Health Committee of the Association of Registered Nurses, Province of Quebec

By MARGARET L. MOAG, Chairman

At the Annual Meeting of the Public Health Committee of the A.R.N.P.Q., the following officers were elected: Chairman, Miss Margaret Moag; Vice-Chairman, Miss Lilian Lawrence; Secretary, Miss E. B. Seaman.

An Executive Committee was formed consisting of these Executive Members and Misses Champagne and Callard.

Miss Callard was appointed publicity representative to The Canadian Nurse in place of Miss Smellie, who resigned. Miss Muriel Martin was appointed convener of the Membership and the Library Committees.

Meetings Held During the Year

On February 29th, in Stratheona Hall, when Miss V. M. Macdonald gave an excellent address on "Scouts, Missionaries and Statesmen in Public Health."

On April 24th, in Stratheona Hall, Dr. Chandler gave an interesting talk on the "Neglected Age of Childhood."

On November 12th, at the Nurse's Club Rooms, Prof. Brydges gave an excellent address on "The Mental Hygiene of Childhood."

On December 4th, at the Nurse's Club Rooms, Dr. Jarry gave a very interesting address on "Tuberculosis" to the French speaking members.

In April a letter was sent to Miss Shaw, Director of the School for Graduate Nurses, McGill University, requesting that an Institute for Public Health Nurses be ar-

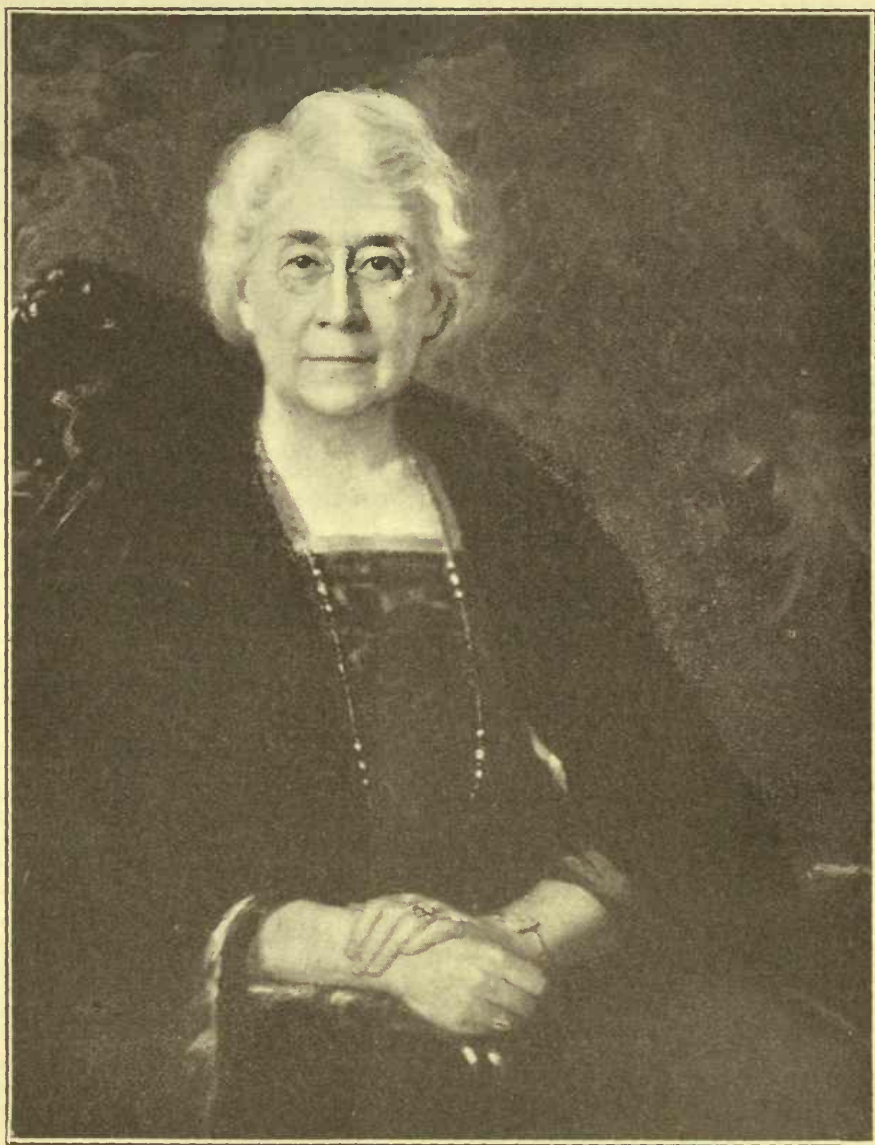
ranged. This Institute was started in May and proved a great stimulus and inspiration to the nurses who attended.

At the biennial meeting of The Canadian Nurses Association, held in Hamilton in June, Miss Seaman represented the English speaking nurses and Miss Champagne represented the French speaking nurses.

Exhibits were sent to this meeting from the Mental Hygiene Committee, the City Hall, the Child Welfare Association, the Victorian Order of Nurses, and the Laurentide Industrial Nursing Service.

At the executive meeting in November, it was considered advisable to have meetings for the English and French nurses arranged alternately so that all may derive benefit from speakers arranged for each meeting.

During the earlier part of the year, we revised the enrolment of all nurses engaged in public health work in the province of Quebec. Individual membership cards have been sent to all active members and a duplicate index card is kept in the office of the Secretary. There are in the neighborhood of 230 nurses engaged in public health work in the Province. We would like to thank the nurses who have shown their appreciation of membership in the Section by attending the meetings and hope that every member will co-operate in all undertakings during the present year.



MISS MARY AGNES SNIVELY

Photograph of portrait recently hung in the Nurses' Residence, Toronto General Hospital.

Address

[Given by Miss Clara Brown, President of the Toronto General Hospital Alumnae Association, at the unveiling of Miss Snively's portrait.]

Miss Snively, Mr. Blackwell, Miss Gunn, Ladies and Gentlemen:—

It is indeed a very great pleasure for me to welcome on behalf of the Alumnae the many personal and professional friends of Miss Snively and the Toronto General Hospital, and to join with you in doing honor to both in the unveiling and presentation of the portrait of the first Superintendent of Nurses of our Training School.

One cannot but feel honored on an occasion such as this when the opportunity has come to one of performing such a pleasant duty. This honor is one which is shared with the Alumnae Association as the donors, and by the Toronto General Hospital Training School for Nurses as the recipients. In seeking in this way to give ourselves pleasure in presenting to our Alma Mater a portrait of the first Superintendent, we hope to give also to its Alumnae of the present and of the years to come some insight into the history of the school, and some conception of the work and ideals which have served to stamp the subject of the portrait as a woman of character and achievement, and as one whom we shall always delight to honor while we also strive to emulate.

To Sir Joseph Flavelle will be given the opportunity to review briefly the outstanding events in the history of our Training School for Nurses, as well as the work and achievement of the lady in whose honor we are now assembled.

As we older graduates look back on the years of training and close association with this school, we are deeply conscious of the influence of a rare personality; and while many of us may have fallen short of Miss Snively's expectations, none can say that we have not been better for our contact with her. It is therefore with all due recognition of my inability to worthily represent my fellow-nurses on this occasion, but at the same time with sincere appreciation of the honor, that I now, in your presence, unveil the portrait of the first Superintendent of our Alma Mater, Mary Agnes Snively. . . .

It is the hope and assurance, I am sure, of each of us that this portrait which has just been unveiled and which I have now the pleasure, in the name of the Alumnae, to present to the Training School, will serve in the years to come as a reminder to us, as well as to our successors, that we should strive to maintain the ideals of service for which the subject of the portrait has always stood.

To the graduates from the old Toronto General Hospital it is very gratifying that such cordial relations exist between the former and the present Superintendent of Nurses and their graduates.

I have now much pleasure in calling upon Mr. Blackwell to receive, on behalf of the Toronto General Hospital and School, the portrait of Miss Snively.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal

The Student Nurses' Monthly Case Report

By AGNES McLEOD, Student Nurse, University Hospital, Edmonton, Alta.

The monthly case report for nurses in training is proving very successful in our Training School at the University of Alberta Hospital. The idea came originally from an article written by Sister M. Domitilla in the American Journal of Nursing, and the report forms as we have them are largely patterned after her model.

The accompanying form gives the general outline of the report as it has been worked out in our School, and although it is self-explanatory, let us for clearness tabulate the various divisions.

1. History.
2. Daily Report—
 - A. Symptoms—
 - (a) Temperature. Pulse, Respiration;
 - (b) Complaint;
 - (c) Color;
 - (d) Appetite;
 - (e) Fluid Intake;
 - (f) Condition.
 - B. Laboratory Findings;
 - C. Medication;
 - D. Diet;
 - E. Nursing Care.
3. Complications and Sequelae.
4. Summary of case.
5. Chart of temperature and pulse.

The student nurse secures most of the material for her report from the patient's chart which is kept in the chart room on each floor of the hospital; the rest she obtains by observation of the patient from day to day and by reading as many books as possible on the subject.

The **History** is a synopsis of the chart history, giving the complaints of the patient and any details which the nurse considers relates to his present condition.

The **Daily Report** is kept from day to day by the nurse and is very

largely taken from the chart, but in this part the observations made by the nurse can be introduced. Besides this, any tests the patient may have had are charted, also the medication, diet and nursing care given during the day.

The **Summary** includes the following details:

1. Condition of patient;
2. Diagnosis;
3. Etiology;
4. Pathology;
5. Characteristic symptoms;
6. Treatment.

Some of these are obtained from the chart, but the greater part of the summary is secured by the student nurse in her study of the disease. One record is required monthly from each nurse in training. The Instructor of Nurses marks these records each month and they are then returned to the nurses. The collection of reports grows larger each month and at the end of the year the student nurse has a real working knowledge of the cases she has nursed.

Besides the Student's Case Report each student nurse keeps a daily record of all cases she has nursed during the month. The **Record Form**, as will be seen in the cut, has two parts separated by a perforated line, the top being the Case Record proper and the lower being a summary.

The Record includes the names of the patients, the diagnoses of the cases, the department to which each patient has been assigned, the service received and the number of days the patient has remained under the nurse's care. At the end of each month the record is totalled and the summary is filled in.

The summary is a list of the cases tabulated under their diagnoses,

their number and the number of days they were nursed. It also sums them up under the different departments to which they belong, whether they be medical, surgical, gynaecological, paediatric, orthopaedic, obstetrical, private and semi-private.

The records are handed in with the case Reports at the end of each month. The Instructor of Nurses corrects them, returns the top part of the record to the student nurse,

and sends the summary to the School Office to be charted on the permanent case reports.

This is a more or less mechanical way of combining the nurse's theoretical and practical work, but it is proving very successful in our Training School and for this reason we are submitting this short article with its accompanying cuts to The Canadian Nurse, hoping that it may be of some benefit to other training schools.

Department
Student
Class

UNIVERSITY OF ALBERTA HOSPITAL

CASE REPORT

Patient's Name
Ward No.
History

| SYMPTOMS | | Temp. | Pulse | Resp. | Complaint | Color | Appetite | Fl'd Intake | Condition |
|---------------|---------------|-------|-------|-------|-----------|-------|----------|-------------|-----------|
| Am't Urine | Urine Tests | | | | | | | | |
| | Special Tests | | | | | | | | |
| Medication | Diet | | | | | | | | |
| Nursing | Care | | | | | | | | |
| Complications | | | | | | | | | |
| Sequelae | | | | | | | | | |

| SUMMARY OF CASE | |
|-----------------|--|
| Temperature | |
| Date | |
| Time | |
| Pulse | |

Student's Name:
U.H. Form 167-9-24-250-1569

Student's Case Record

Name _____ Date _____ 19____

Year _____ Floor _____

| No. | Name | Diagnosis | Dept. | Child | Priv. | S. Priv. | Pub. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|-----|------|-----------|-------|-------|-------|----------|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name _____
Year _____

Summary of Cases

Date _____ 19____
Floor _____

[illegible]



Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

The Nursing of Psychoneurotic Patients

By DR. W. F. DEY, M.O. Neurological Dept., Deer Lodge, D.S.C.R., Winnipeg Man.

A large number of trained nurses feel at sea on finding themselves assigned to a patient with a psychoneurosis. This is not at all to be wondered at, because such a patient calls for the exercise of all the nurse's tact and judgment and makes demands on her patience beyond the usual.

Psychoneurotic patients vary too greatly in their symptoms and also in their make-up to allow of rule-of-thumb methods in their care, and with such patients above all there is need for the closest understanding and team work between the physician and the nurse. While naturally many of the emotional disturbances of the patient are of a nature that call for the utmost respect of the patient's confidence, even at the cost of detracting in some degree from the efficiency of the nurse, she should, as far as possible, be given an idea of the factors operating in the production of disorder and should be shown how by leading conversation in certain directions she can give the patient the opportunity of mental catharsis.

Listening to a long recital of woes is tiresome and as a rule unavailing, but if the patient will talk of troubles to an understanding, level-headed nurse, the burden becomes lighter by sharing.

So often the most difficult question for a nurse to decide is as to the degree of firmness she should main-

tain or how far she should compromise with her patient's feelings. That cannot be answered by rule, and a nicely balanced sense of proportion is the best guide. Enough firmness must be maintained to establish in the patient's mind the feeling that the nurse is sure of herself and understands. On the other hand, the patient must not become too negative in self feeling toward the nurse or anyone else. That is to say, the patient must realize that his salvation rests ultimately in his own hands, and in many cases his self-respect and self-assertiveness require bolstering.

In one rather important respect I think there often is a tendency to over-activity on the part of the nurse. Most psychoneurotic patients are better off with the minimum of "fussing." As a rule, the routine of nursing care should be gone through carefully, but not in such a way as to impress the patients of its importance. Such patients are very prone to lay stress on their physical discomforts and to wish to have all their ailments regarded as being of physical origin when such is not the case.

It is just as undesirable to keep up an atmosphere of excitement as it is to allow that of the sick room to prevail. The patient should be made to feel, without being told in so many words, that he is expected to orient himself with regard to dis-

trressing memories or anxieties and that he may expect help in his task. At the same time he should be given to understand with equal tact that his physical condition is another matter and will be looked to as required, but no further.

It is no wonder, therefore, that most nurses approach such patients with a good deal of trepidation, because they are called on to exercise in a large degree qualities of mind that are less needed in the care of patients of other classes.

"In Memory of" Etaples and Doullens in May, 1918

The month of May and Whit-Sunday cannot but recall memories sad and dear to us all, and it is with deepest respect that we insert this short paragraph to the sacred memory of Nursing Sisters Katherine Macdonald, Margaret Lowe, Gladys Wake, No. 1, Canadian General Hospital, Etaples, and Dorothy Baldwin, Agnes McPherson and Eden Pringle of No. 3, Canadian Stationary Hospital, Doullens, who lost their lives as a result of the air raids of May 1918.

May the sacrifice they made ever remain a symbol of the devotion that every nurse is willing to contribute should the occasion demand, in the execution of her duties.

Their names will always stand for courage and valor while on duty in active service and their memories remain green forever among those who shared the conflict of that eventful month.

To those of us who were in Etaples on that beautiful, quiet Whit-Sunday night, these words bring back not only the horror and suffering but a sense of pride and rejoicing in the calmness and unselfishness with which these sisters endured their sufferings.

They recall to us a picture of shattered sisters quietly lying on the hillside to which they had been removed from the splintered wood and asbestos which represented all that was left of their quarters, until they could be carried by stretcher bearers to the hospital.

To those who were at Doullens these words recall a picture of the sisters struck down so unexpectedly while on duty in the operating room.

They died the death of brave soldiers. No greater tribute can be given them.

News Notes

NOVA SCOTIA

N/S L. M. Hubbley, R.R.C., Matron, Dalhousie Hospital, C.E.F., who has been seriously ill with influenza since February, has returned to her duties at the Halifax Military Hospital, and has also resumed her duties as President of the local chapter G.N.A. and of the Nova Scotia G.N.A.

N/S K. O. MacLatchy, R.R.C., Matron, McGill Hospital, C.E.F., has been on the staff of the Halifax Military Hospital since returning from Overseas.

N/S Lalia Thomas has accepted the position of Superintendent of the Infants' Home and Women's Hospital, Halifax, N.S.

Matron McIsaac, of St. Francis Xavier Hospital, C.E.F., has been matron of the D.S.C.R. Hospital, Halifax, N.S., since it was taken over from the C.A.M.C., C.E.F., in January, 1920. On her staff are Nurs-

ing Sisters Margaret MacDonald, Louise MacDonald, Josie Cameron, Eunice Harrison, Lillian Fitzgerald, Euphemia MacKinnon, Margaret Drew, and Anna R. Hilcoat.

N/S A. D. Allen, C.E.F., 1914, after spending convalescent leave (from appendectomy) in Halifax, has returned to the General Hospital, Sydney, N.S., where she is in charge of the massage department.

Much sympathy is extended to N/S Veronica White, Health Centre No. 1, Halifax, in the loss of her brother, Lieut. Joe White, R.C.A.F.

N/S Ada Benvie is returning shortly to Vancouver, where she will resume her work in public health nursing. Much sympathy is extended to N/S Benvie for the loss of her father and mother during the autumn.

News Notes

ALBERTA

Edmonton Graduate Nurses' Association

At the February meeting of the Edmonton Association of Graduate Nurses, Dr. J. A. Collip gave an interesting lecture to the Association in the Red Cross hut. His subject was "The Secretions of the Ductless Glands, Insulin, and Vitamines." Slides were used to show the effect of over stimulation or deficiency of secretion of these glands in the body. Dr. Collip also used slides to show the benefit of insulin treatment in diabetic patients, and the part played by vitamins in connection with general health.

At the March meeting of the Association a very instructive and scientific address on some of the newer intravenous serums was given by Dr. M. E. Hall, pathologist of the Royal Alexandra Hospital. Dr. Hall referred to the great development which has taken place in the last three years in technical methods of medical treatment; to the treatment during war-time of infection and wounds, which occupied the major attention of the medical world; and also to the progress made to overcome septic and infectious organisms, special mention being made of insulin and glucose intravenous medication. Dr. Hall also spoke of the development of the Schick test in diphtheria, the Dick test in scarlet fever, and dwelt on the education of the public in regard to these tests, following which communicable diseases should be practically nil.

At the close of the address a hearty vote of thanks was extended to Dr. Hall and the hope expressed that he would address the Association again soon.

Miss Bernice Bean, R.A.H. (1916) has accepted a position with the City Health Department, made vacant by the resignation of Miss M. A. Wilkie, whose marriage to Mr. C. Trueman took place in Vancouver on February 27th. Mr. and Mrs. Trueman are making their home in Portland, Ore.

Miss Lillian Lawrie, R.A.H. (1917), recently returned from California, has accepted a position on the staff of the Royal Alexandra Hospital.

BRITISH COLUMBIA

VICTORIA

Royal Jubilee Hospital A.A.

On March 11th, 1925, the new wing of the Jubilee Hospital was opened. The Alumnae Association furnished Ward 242: a six-bed, semi-private women's ward, which was much admired by the visitors.

On March 12th the Association held a re-union dinner at the Chamber of Commerce, when seventy-five nurses were pre-

sent. Former matrons of the hospital were the guests of honor and many out-of-town graduates were present. The toasts and speeches were interspersed with community singing. Stunts by the "Kitchen Glee Club" and a "Whistling Solo" given by undergraduates added much to the enjoyment of the evening.

A very enjoyable "get together" luncheon was given by Miss Jaffrays and Miss Naden, of the Cowichin Health Centre, to discuss suggestions for the Institute to be held during Easter week at the University of British Columbia. Those present were: Miss Morrison (Esquimalt School Nurse), Miss Buckley (Dental City Clinic Nurse), Mrs. Osborne (School Nurse, Victoria), Miss Fullerton (Saanich Health Centre), Miss Davie (Public Health Nurse, Ladysmith), Miss Wood (Nanaimo Public Health Nurse), and Miss McCormick (V.O.N., Victoria).

The tag day held March 14th under the auspices of the Local Council of Women was very successful, the net total collected being \$794.35. The object was the endowment of a children's operating table, and congratulations are due those who organized and carried through this successful undertaking.

MANITOBA

Brandon Graduate Nurses' Association

The regular monthly meeting of the Association was held April 7th. Dr. Carter gave an interesting lecture on "Physiotherapy," showing how the older methods of treating skin conditions by external applications—ointments, plasters, etc.—have been displaced by electro-magnetic waves.

The Association decided to dispense with the usual annual banquet; instead, the next social event will take the form of an entertainment for the graduating class of the Brandon General Hospital.

On St. Patrick's Day the members of the Association were the guests of the Superintendent (Miss Mitchell), and the graduate staff of the Mental Hospital. During the afternoon the visitors were shown over the new psychopathic wing, which was much admired. Dr. Baragar outlined the aims and ideals of the institution in regard to the nursing service. He was followed by Dr. Davidson, who gave an interesting talk on the methods of examination and treatment of mental patients. Dinner was served in the Nurses' Home, the table decorations being charmingly carried out in St. Patrick color scheme. This dinner was delightfully informal: speeches being taboo. Coffee, music and a pleasant social time in the drawing room concluded one

of the Association's most enjoyable social events of this year.

Miss Rachel McCulloch, of the Brandon Mental Hospital, who has recently returned from a vacation in England, had rather an exciting journey home on the C.P.R. SS. "Mont Laurier," which left Liverpool, February 23rd, in somewhat stormy weather. On the third day out the ship's rudder broke and she drifted for four days, in heavy seas, unable to get aid by wireless, owing to rough weather. On the fourth day she entered Queenstown (Ireland) under her own steam. The storm calmed and the passengers were transferred to SS. "Montclair," and they had fair weather for the remainder of the trip. Miss McCulloch says everybody kept calm, in spite of undeniable anxiety. There were several small casualties among the passengers, due to the rough passage.

SASKATCHEWAN

The eighth annual convention, and first Institute to be arranged by the Saskatchewan Registered Nurses' Association, were held in Moose Jaw on April 15th, 16th and 17th, with nurses in attendance from eighteen centres. Over sixty per cent. of those registered were from places outside Moose Jaw, and the registration numbered over ninety.

The first day was devoted entirely to the business of the Association, the greater portion of one session being given to the consideration of the report of the Supervisor of Nursing Housekeepers on the plan instituted some four and a half years ago by the University of Saskatchewan upon the request of the Registered Nurses' Association. At the close of the discussion a resolution was passed by which the Saskatchewan Red Cross Society was asked to continue its grant to the Nursing Housekeeper plan. A committee, with Miss Ann Morton, of Weyburn, as convener, was appointed to investigate and report to the Nurses' Association at the next annual meeting.

The invitation of the Saskatoon Graduate Nurses' Association to hold the next annual meeting in Saskatoon was accepted; it was decided that no meeting would be held in the autumn of 1925.

The officers elected were: President, Miss S. A. Campbell, Saskatoon; 1st Vice-President, Miss C. M. Kier, Moose Jaw; 2nd Vice-President, Miss M. McGill, Saskatoon; Councillors, Miss R. M. Simpson, Regina, and Miss C. I. Stewart, Regina.

The Institute was opened by the President (Miss Simpson), who called upon Dr. Garceau as the first speaker. Dr. Garceau gave a series of addresses on Infant Feeding, which proved of most practical value to all private duty nurses, as well as to nurses engaged in any form of

child welfare work. The addresses by Dr. A. T. Mathers, of the Psychopathic Hospital, Winnipeg, amply showed the need of a knowledge of psychiatric nursing on the part of all nurses, as well as indicating the responsibility of the nursing profession to assist in certain branches of this work. Surveys of recent developments in medicine and surgery by Drs. Burwell and Bawden, of Moose Jaw, were much appreciated. The effect on character building of such movements as the Student Christian Movement, and Student Government in the nurses' home life were very capably outlined by Miss Ruth Morrison and Miss Kathleen Connor, while Miss Kinder spoke of the Student Government plan from the standpoint of a hospital superintendent. The inspirational addresses of Miss Mary E. Gladwin, Director of Nursing Education for the State of Minnesota, showing the part played by every nurse in the development of the nursing profession, will long be remembered by every nurse fortunate enough to be present. Miss Gladwin's final address on "The Teaching of Nurses" was one which no Training School Director or Instructor of Nurses could afford to miss.

It was felt that the Institute had been of the greatest practical benefit to every nurse in attendance, and closed with cordial votes of thanks to all who had assisted, as well as to the nurses of Moose Jaw, who fully lived up to their old-time reputation for hospitality.

REGINA

Regina General Hospital

Miss Mary J. Young (R.G.H., 1921) and Miss Jean Norquay (R.G.H., 1919), recently on the staff of the Hugh Waddell Memorial Hospital, Canora, have resigned their positions and are entering the Vancouver General Hospital on the first of May for post-graduate work.

Miss Josie R. McGhie (R.G.H., 1922) has recently accepted a position on the staff of the Red Cross Outpost at Eastend.

Miss Lillian Seale (R.G.H., 1922), recently on the staff of the Hugh Waddell Memorial Hospital, Canora, is now engaged in private duty nursing in Pittsburgh.

Miss Agnes C. Dunham (R.G.H., 1914), for the past two years Assistant Superintendent at the Saskatoon City Hospital, has resigned, and after a short vacation intends going to New York for post-graduate work.

Regina Grey Nuns' Hospital

Miss Florence M. Campbell (R.G.N.H., 1915) has returned recently from China, where she served as a missionary with the Canadian Methodist Church for six years.

Miss Christina Helm (R.G.N.H., 1918) is doing private nursing in Detroit, Mich.

Miss Dorothy M. Mole (R.G.N.H., 1916) has accepted the position as Superintendent at Soughton General Hospital, Soughton, Wisconsin.

ONTARIO TORONTO

Toronto General Hospital A.A.

The Graduation Exercises in honor of the 43rd class of nurses graduating from the Toronto General Hospital School for Nurses were held in Convocation Hall on the evening of Tuesday, March 31st. The exercises took place two months earlier than usual, due to the immediate departure for Europe of the Superintendent of Nurses, Miss Jean I. Gunn.

The proceedings began with a prayer by the Rev. J. R. P. Sclater, of Edinburgh, Scotland. Following this Miss Gunn gave her yearly report. She stated that the first graduation of nurses from the General Hospital took place in 1883, with five students graduating. Since then, the grand total of graduates has grown to 1,411. This total includes the class of 1925, which is the largest in the history of the hospital; 94 in all.

At the close of Miss Gunn's report, Mr. C. S. Blackwell, chairman of the Board of Trustees, gave a short report.

Dr. Sclater then delivered an address to the graduating class, which combined humor with a stirring plea for the upholding of the traditions of nursing.

The school pins and diplomas were distributed by Mrs. Cockshutt, and scholarships and prizes were awarded by the donors.

Three scholarships for one-year post-graduate work in Public Health were awarded to Misses Starke, Taylor and Winter; the scholarship for general proficiency to Miss Reid; for proficiency in operating room technique to Miss Neill; for highest standing in obstetrical nursing to Miss Starke; for the highest marks in examinations to Miss Mellish; and for highest standing in practical work to Misses Neil and Rhodes.

At the close of the exercises, Mrs. Cockshutt and Miss Gunn held a reception at Hart House for the graduating class and their friends. An unusually large number were present and the entire evening was most successful.

Miss Kathleen Russell, B.A. (1918), who holds the chair for Public Health Nursing in the University of Toronto, has been invited by the Rockefeller Foundation to study Public Health problems on the Continent. Miss Russell is the first holder of such a position in the University of Toronto and is well known both here and abroad for her signal work along public health lines. She will sail on the "Minnewaska," leaving New York, April 25th.

Miss Jean Browne (1910) and Miss Jean

I. Gunn sailed for England on the "Aurania," leaving New York on Saturday, April 4th. Miss Browne has been sent to Europe by the League of Red Cross Societies in Paris to study Junior Red Cross conditions on the Continent. She will also attend the International Council of Nurses at Helsingfors, Finland, as President of the Canadian National Association. Miss Gunn will tour European hospitals as the guest of the Rockefeller Foundation, and will also attend the International Council of Nurses.

On the evening of Monday, March 16th, a party was given in the Nurses' Residence by the graduate staff of the hospital in honor of the Superintendent of Nurses, Miss Jean I. Gunn, who left early in April for Europe. The party took the form of a "shower" of attractive gifts, useful for travelling. The rhymes accompanying the gifts were the cause of great hilarity and the evening was a most enjoyable one. Refreshments were served at the close of the "shower" and the evening came to an end with another "shower"—of good wishes for Miss Gunn.

Mr. and Mrs. Silverthorne (Nell Smith, 1921) have returned from their trip abroad and will live at Islington, Ont.

Miss Katherine Meek (1917) has accepted a position as assistant supervisor in the Private Patients' Operating Room, Toronto General Hospital.

Misses Grace Delaney and Mary Youngs (1923) have left for Birmingham, Ala., where they are to have charge of the Seale Harris Clinic for diabetic patients.

The regular meeting of the Alumnae Association was held on Wednesday evening, April 1st, in the Nurses' Residence, with over one hundred members present. The outstanding proposals brought before the meeting were the sending of a representative from the Association to Helsingfors, or the granting of a scholarship for a post-graduate course in Public Health Nursing, Hospital, or Training School Administration, and the sanctioning of a theatre night, which had already been partly arranged. Further items for discussion were the proposal for the sending of delegates to the G.N.A.O. convention being held in London, April 13th to 15th; the adoption of a new cabinet filing system for the names and addresses of Alumnae members; and the suggestion that the Alumnae Association be granted a special club rate to The Canadian Nurse, owing to the large subscription list. Following a somewhat heated argument and discussion, it was voted that no delegate be sent to Helsingfors, but that a scholarship be granted, since the majority believed the scholarship to be more valuable and lasting in its effects upon the community at large; and also because of the great financial responsibility that the former

proposition would entail. A committee was nominated for the investigation and arrangement of the scholarship, as to the manner of notifying the members of the Alumnae of the scholarship, the application forms to be sent out, and the choice of the candidate. The theatre night, which had already been partially arranged and settled, was sanctioned, and it was voted that a portion of the proceeds be used for the scholarship fund; the theatre night to be held on April 20th at the Royal Alexandra, the play being Victor Herbert's "Dream Girl." The new constitution and by-laws to be voted upon at the G.N.A.O. were read and discussed, but no suggestions for improvements were offered to our delegates. The delegates to be sent to the convention in London were as follows:—Miss Clara Brown, President; Miss Patterson, from the hospital; Miss V. Henderson, from the Public Health, and Miss Green from Private Duty. Each section of the Association would be represented by sending these delegates. The adoption of a new cabinet filing system whereby the members' names and addresses could be systematically kept was received with welcome. A resolution was passed that The Canadian Nurse be asked to grant the Association special club rates owing to the large subscription list. Refreshments were served at the close of the meeting, thus concluding a very busy and profitable evening.

On the evening of March 26th a dance was given by the Alumnae Association in the Nurses' Residence in honor of the graduating class of 1925. Miss Clara Brown (President), Miss Gunn and Miss Locke received the unusually large number of guests, and the evening proved to be a most enjoyable one.

Hospital for Sick Children A.A.

Miss Griffin (1924) has accepted the position as Social Worker at the Children's Memorial Hospital, Chicago.

Miss Jessie Wilson (1914) has accepted the position as nursing sister on board the S.S. "Empress of Australia" on her cruise to the Orient.

Miss Pratt (1923) has resigned her position at the Red Cross Hospital, Englehart.

Miss Dennison (1917) has resigned her position as Assistant Superintendent of the Victoria Hospital, London, Ont., and has been appointed Superintendent of the Orangeville Hospital.

Miss Waddell (1919) has been appointed Night Superintendent, Shriners' Hospital for Crippled Children, Montreal.

Miss Palen (1923) has resigned from her position at the Rainbow Hospital, Cleveland, in order to be married.

Miss Edith Watt (1923) has resigned from her position as Assistant in the Operating Room at the Hospital for Sick

Children and has accepted a position in the Operating Room of the Hamilton General Hospital.

Attendance was very large at the annual meeting of the Heather Chapter, I.O.D.E., Toronto, which was held at the residence of the Hospital for Sick Children, Elizabeth Street, Toronto, on February 17th, 1925. At the close of the address of the Regent (Mrs. Canniff, H.S.C.), various reports were read, which were most satisfactory and showed that the Club had taken care of 625 children: providing glasses, splints, clothing, boots and rubbers, special nourishments and baby feedings; given away 29,208 quarts of milk, and provided 133 children with an outing of two weeks at the Summer Pavilion on the Lakeside Grounds, Toronto Island.

Toronto Western Hospital A.A.

The monthly meeting of the T.W.H.A.A. was held at the residence of Mrs. George Valentine, Lakeview Avenue. After the routine business was transacted, refreshments were served and a social evening spent.

Mrs. George Valentine was hostess to a very delightful "Bridge" party on Monday evening, March 16th. The proceeds of the evening are to help furnish a "layette" in connection with the Social Service Depot of the hospital. The assistants were Mrs. (Dr.) Bailey, Mrs. MacConnell, Mrs. Hueston and Mrs. Wettlaufer.

St. Michael's Hospital A.A.

The officers for 1925-1926 elected at the annual meeting are: President, Miss I. M. Foy, 163 Concord Ave.; 1st Vice-President, Miss Hilda Kerr; 2nd Vice-President, Miss E. Dunn; 3rd Vice-President, Miss A. Cahill; Recording Secretary, Miss M. Larkin; Corresponding Secretary, Miss K. Meader, 181 Northcliffe Blvd.; Treasurer, Miss Rioardan, 17 Lockwood Rd.; Directors, Misses Cunningham and J. Moore, Mrs. Arkins.

The Association is holding a theatre night on May 12th, in aid of the Social Service Scholarship Fund.

The Ladies' Auxiliary of St. Michael's Hospital held a theatre night on March 17th, in aid of the Social Service Scholarship Fund.

Rev. Sr. Hieryonome, Sister Merlaine, Miss I. M. Foy and Miss Ballantyne attended the annual meeting of the G.N.A.O. in London.

PETERBORO

Nicholls' Hospital A.A.

Miss Daisy Stalker (1922) has accepted the position of Operating Room Supervisor in the Nicholls' Hospital.

The many friends of Mrs. Breckenridge (formerly Miss Eva Archer, Assistant Superintendent of Nicholls' Hospital), will be pleased to learn that she is making satisfactory progress following a recent illness.

Miss Olive Waterman (1921) and Miss Irene Thompson (1921) have accepted positions in Washington, D.C.

Miss Gladys Parker (1922) has accepted a position in the Military Hospital, Milwaukee.

Misses G. Thomson, Vera Baker and Edith Tucker, graduates of Nicholls' Hospital, have accepted positions in the Knickerbocker Hospital, New York.

HAMILTON

Hamilton General Hospital A.A.

Miss Grace Powell has resigned her position as assistant operating room nurse and has accepted a position at the General and Marine Hospital, St. Catharines.

Miss Ivy Buscombe has been appointed nurse in charge of Ward 4.

Miss Hazelwood has accepted a position as instructor in New York State Hospital.

Miss Adah Robertson has given up her position in the City Hospital, Massillon, Ohio, and has returned to private duty nursing in Hamilton.

Miss Minnie Pegg, who has been very ill in the hospital for over eight weeks, is now convalescing.

At the last meeting of the Alumnae, held on April 7th, a very interesting talk was given by Miss McLeod of the Public Library, on Canadian Books.

QUEBEC

MONTREAL

Royal Victoria Hospital A.A.

At the April meeting of the Alumnae Association, Mr. R. C. Calder, K.C., addressed the members on "The Bench and Bar as Seen by Dickens."

The prize winners in the graduating class this year were Miss Beatrice Eastmure and Miss Marjorie Dobie. Miss Eastmure was awarded the prize for general proficiency in the first division and Miss Dobie in the second. Miss Dobie was also the winner of the prize for the highest standing.

As an expression of their appreciation of their school, the members of the graduating class left a subscription of one hundred dollars to be added to the Garrow Scholarship Fund.

Many friends of Mrs. H. H. Cheney (Anna Lawson, 1920) will be pleased to hear that she is exhibiting two pictures at the Spring Exhibition at the Art Gallery, Montreal. Dr. and Mrs. Cheney are leaving shortly for Ottawa, where Dr. Cheney has accepted the position of Chief Radiologist at the Ottawa Civic Hospital.

Miss Isabella Goodearle (1924) is taking a post-graduate course at the Holt Memorial Hospital.

Miss Gwen Johnston (1923) has accepted a position as office nurse with Drs.

Gunn, Hackney and Shore in Calgary, Alta.

Montreal General Hospital A.A.

At the M.G.H.A.A. monthly meeting, in March, Miss M. A. Martin, of the Child Welfare Association of Montreal, gave a very interesting address concerning the work carried on by that association. Dr. Eberts lectured on "Diseases of the Thyroid Gland" at the April meeting.

Miss Freda Whitney (1921) has been appointed second assistant on the O.D. staff of the M.G.H. This position has been created recently owing to the steady increase in the number of patients attending the Outdoor Department, which is one of the largest in the world. During 1924 the total number of patients was 161,000, while 20,000 more attended the department in the Western Division of the hospital.

Miss Whitely (1924) has taken a position in the hospital at Iroquois Falls, Ont.

Miss Jeanette Dunwoodie (1918) is engaged as a nurse on the SS. "Melita," sailing from St. John, N.B.

Miss A. H. Leonowens (1919), who has been living in California for some time, went to Sicily for the winter, and is now staying at Naples.

Miss M. Lineham (1922) is leaving the S.O.R. staff of the M.G.H. to take charge of a ward in the Hartford Hospital, Hartford, Conn. Miss Annie E. Palmer (1925) will succeed Miss Lineham.

Miss Annie Hogge (1924), who has been on the night staff of the M.G.H. for some time, has accepted a position as night supervisor, Fisher Memorial Hospital, Woodstock, N.B.

The engagement is announced of Miss Beatrice Mary Preston (1922), daughter of Mr. and Mrs. H. J. Preston, of Turillingate, Newfoundland, to Dr. Ernest Cahill Menzies, son of Mrs. Lois Menzies, of Aylesbury, Sask. The marriage is to take place in September at Turillingate. Miss Preston is on the staff of the M.G.H. and Dr. Menzies is on the staff of Verdun Protestant Hospital.

QUEBEC

Jeffery Hale's Hospital A.A.

At the meeting on February 2nd a lecture was given by Dr. J. Dobbin to the Association and the students in training.

At the monthly meeting of the Association on March 2nd, Miss M. Shaw gave a very interesting talk on her trip to Europe, which was very much enjoyed by all present.

Miss Edith Glass (1918) has been home on a visit from New York.

Miss H. Black (1916) has resigned her position in charge of the Douglas Wing and is being succeeded by Miss E. Mathieson (1920).

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

LOCKE—At Montreal, April 6th, 1925, to Mr. and Mrs. Stanley Locke (Anna Murray, R.V.H., 1921), a son.

AITCHESON—In Kingston General Hospital on April 6th, 1925, to Dr. and Mrs. C. W. Aitcheson (Kathleen Harold, K.G.H., 1920), of Yarker, a son (David Harold).

STOREY—On April 7th, at the Cottage Hospital, 84 Wellesley Street, Toronto, to Mr. and Mrs. S. C. Storey (Marion Starr, H.S.C., Toronto, 1917, President of the A.A., H.S.C., Toronto), a son.

McLEAN—On Saturday, March 28th, in the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Ralph McLean (Sarah Isabel Mitchell, T.G.H., 1913), of Allison, a daughter.

BICKNELL—On Friday, March 6th, in the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. N. J. Bicknell (Virginia Carpenter, T.G.H., 1920), a son.

BRERETON—On February 22nd, to Dr. and Mrs. C. H. Brereton (Marjorie Rose, Toronto Western Hospital), a son.

CUSTER—On December 8th, 1924, at Bayonne, N.J., to Mr. and Mrs. James Custer (Emeline Harvey, Toronto Western Hospital), a son.

MILLER—In February, 1925, at Detroit, to Mr. and Mrs. Miller (Beatrice Annan, Toronto Western Hospital), a son.

ROWLANDS—On January 30th, 1925, at Model City, P.Q., to Mr. and Mrs. Rowlands (Irene Taylor, Montreal General Hospital, 1920), a son.

MARRIAGES

TRUEMAN—WILKIN—On February 24th, M. Wilkin to Clifford Trueman. Mr. and Mrs. Trueman are living in Portland, Ore.

WILSON—HILL—On February 18th, Opal Hill (Toronto Western Hospital, 1918) to A. Wilson, of Toronto. Mr. and Mrs. Wilson will live in Brampton, Ont.

HARRISON—TOMLINSON—On November 12th, 1924, at Lloydminster, Alta., Jean A. Harrison to Robert B. Tomlinson. Mr. and Mrs. Tomlinson are living at Innisfree, Alta.

SCOTT—WESTLAKE — On September 3rd, 1924, at Bond Head, Mary Eleanor Westlake (Oshawa General Hospital, 1921) to William S. Scott, Oshawa, Ont.

BROWN—HUCK — On November 29th, 1924, at Montreal, Laura Huck (Oshawa General Hospital, 1921) to Dr. Bryce Brown, Oshawa, Ont.

BRADLEY—ATKINSON—On April 7th, in Knox College Chapel, Toronto, Jean Atkinson (T.G.H., 1924) to Dr. Harry Bradley. Dr. and Mrs. Bradley will reside in Wheatley, Ont.

HILLIER—SMITH—At Trinity Church, Quebec, Myrtle Smith (Jeffrey Hale's Hospital, 1923) to H. R. Hillier.

DOODY—PEAKE—On Tuesday, March 31st, 1925, in Regina, Sask., Alice Edith Peake (Regina General Hospital, 1924) to Cyril W. Doody, of Regina.

HOGARTH—LAUDER — On Saturday, April 4th, 1925, in Regina, Sask., Isabella C. Lauder (Regina General Hospital, 1916) to Clarence G. Hogarth, of Regina.

HUGGINS—McNABB—On December 20th, 1924, in Jos. N. Nigeria, W. Africa, Janet McNabb (Montreal General Hospital, 1920) to John A. Huggins. Mr. and Mrs. Huggins are engaged in mission work in West Africa.

DEATHS

STUART—On March 14th, 1925, at Montreal, Anna M. Stuart (Royal Victoria Hospital, 1902).

HOOVER—On October 12th, 1924, at Oakland, California, Mrs. Hoover (Annie E. Weber, Oshawa Hospital, 1915).

The Committee on Arrangements in Helsingfors have postponed the final date to June 1st on which reservations for accommodation may be made by nurses who are planning to attend the Congress of the International Council of Nurses, July 20th-25th, 1925.

Applications for reservations should be sent immediately to the Committee on Arrangements, Kirurgiska Sjukhuset, Helsingfors, Finland. The application should indicate:

1. Name, address, and position of applicant, etc.
2. Type of room desired in Helsingfors.
3. Probable date of arrival and length of stay.

Graduate Nurses' Association of Nova Scotia

The first examination for Registered Nurses' certificates in Nova Scotia will be held in Halifax, N.S., on Tuesday and Wednesday, May 19th and 20th, 1925.

Candidates wishing to write are requested to communicate at once with the Registrar:

L. FLORA FRASER
Room 10, Eastern Trust Bldg.
Halifax, N.S.

SCHOLARSHIP for Public Health Nursing

The Ontario Division of the Canadian Red Cross Society is again offering a scholarship of \$350.00 for the course in Public Health Nursing, at the University of Toronto, beginning October, 1925.

Applications will be received until June 30th, 1925, by

MAUDE E. WILKINSON
410 Sherbourne St.
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The residence for nurses provides separate rooms and excellent facilities for the comfort of nurses. A registry is maintained for our graduates at the hospital, and a limited number of graduates who complete the course of instruction may obtain permanent institutional positions. Graduate nurses from recognized schools will be admitted for a term of three months in the Eye Department, three months in the Ear and Throat Department, or the combined course, consisting of six months.

Remuneration, thirty dollars (\$30.00) per month, and uniform. Lodging, board and laundry free. Affiliation is offered accredited training schools for three months.

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Three months in Obstetrics.

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Nurse helpers employed on all Wards.

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The Society of the New York Hospital offers, at Bloomingdale Hospital, to graduates of registered schools of nursing, a six-months' course in the nursing of nervous and mental disorders.

The course is especially designed for nurses who are preparing for general nursing, executive positions and public health work, and consists of lectures, class-room instruction, and supervised practical work. Included in the course is some instruction and practise in occupational and physical therapy. A Certificate is issued to those who satisfactorily complete the course.

Board, lodging and laundry are furnished by the Hospital, and an allowance of \$25.00 per month.

For circular and further information, address

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AND

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This course is very valuable to public health nurses, especially to those in schools and industries.

Hospital capacity, 211 beds; Out-patients daily average 226. A comfortable and attractive Nurses' Home faces the Charles River. Allowance to post-graduate students, twenty (20) dollars a month and full maintenance. The same course, including the third month, is available by application to students of approved schools.

For further information address:—

SALLY JOHNSON, R.N.,
Superintendent of Nurses

Handicraft Work Helps Patients to Forget Afflictions

Some months ago the Victorian Order of Nurses decided to try the effect of handicraft work on certain of their chronic patients who suffered from depression. The results have been so successful in every way that the V.O.N., through its Department of Occupational Therapy, plans to extend the work considerably this fall. Handicrafts are taught by trained volunteers under the direction of the secretary, Miss Ivadell Hurd, who was responsible for introducing the work to V.O.N. patients. Articles of raffia work are a specialty of the Department and the patients have produced bags and under-arm purses as well as luncheon sets, cushions, etc., which show a high degree of artistic skill in design and execution. The patterns are varied and the colors exquisitely chosen.

Each patient who took up the work has had his or her first article sold, and all are engaged in executing further orders. The work won popular favor as soon as it was exhibited, for the articles are of unusual character and charm. Care was taken to select a type of work which would not conflict with handicrafts produced by any other social agency in the Financial Federation. Sample articles of entirely novel character were obtained from France and England to be copied or serve as models on which other designs could be based.

The teaching of handicrafts to patients crippled through paralysis or accident has given them a new interest in life. Their more cheerful attitude has brought relief in many cases to other members of their fam-

ilies, as invalids without occupation are apt to brood over their affliction and become a trial to those who have charge of them.

The nurses of the V.O.N. find the work of great value in assuring several hours' rest each day to patients whose condition requires it. As most of the patients cared for by the V.O.N. belong to poor homes, the financial aspect of the work makes a great appeal, and it encourages them to know that they are still capable of earning small sums of money. When an article is sold for a patient by the Department, only the cost of the material is deducted. The balance is handed over to him.

Patients who have taken up handicrafts vary in age from a boy of fourteen years to an old man of seventy-four. The latter has been crippled for sixteen years, but now that he has found something to do, the sense of his affliction has decreased considerably, and he is bright and cheerful as he works away, seated in a wheel chair. Another patient was formerly a worker in stained glass. He has special aptitude for design and color and works out his patterns and color schemes unaided.

Until recently, the work was considered to be more or less in the experimental stage, but the success which it has met in every way has decided the V.O.N. to extend the teaching to a greater number of its patients. The sale of the work will be put on a regular commercial footing, the Hwai King Shop having undertaken to dispose of articles made by V.O.N. patients.

(Victorian Order of Nurses, Montreal, Que.)

Canadian Nurses who are planning to attend the Congress, International Council of Nurses, Helsingfors, July 20-25, 1925, are advised to obtain immediately the whole ticket, Canada-Helsingfors and return, in order to be sure of obtaining accommodation.

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of \$10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of \$5.00 per month.

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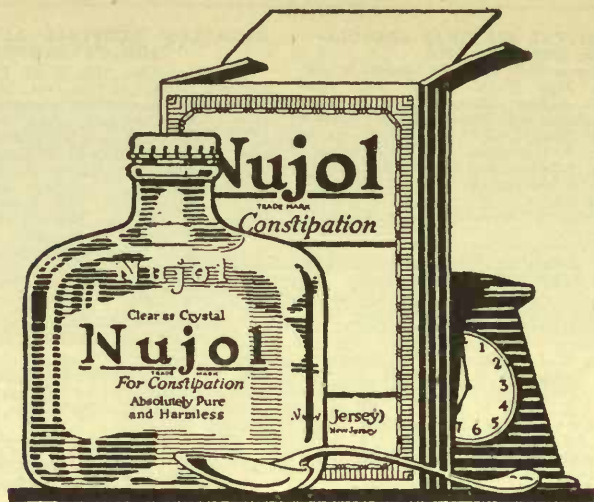
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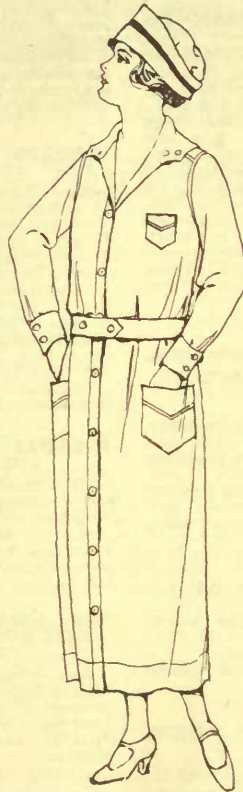
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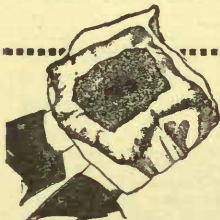
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The International Development of the Junior Red Cross

By the Junior Secretariat, League of Red Cross Societies.

THAT which is great in history often has a very humble beginning. English constitutionalism owes a great deal to a certain field called Runnymede and the town-meetings of New England have blossomed into American Democracy.

The year 1914 is remembered by all as the beginning of a world catastrophe, though, by some, it is also regarded as the dawn of a new hope. In that year, in the Province of Quebec, children were enrolled by the Canadian Red Cross to make surgical dressings. Insignificant as the event might at first seem, it was wrought with far-reaching consequences. Then and there the Junior Red Cross movement may be said to have started, and as time went on it gathered momentum until today it is spread throughout the world permeating the life and work of 8 millions of boys and girls.

The movement soon took hold of Australia, but it was America which supplied the greatest impetus. In 1917 a plan was launched in the United States to enlist twenty millions of school children in the service of the Red Cross. At the conclusion of the Armistice these children sent 40,000 pieces of furniture to the homes and schools of the devastated regions and 2 million dollars for the relief of European children.

This great visible demonstration of the power of children united in an organization and animated by an ideal to accomplish significant undertakings in the field of humanitarian action immediately stimulated the

hopes of educators and statesmen in war-torn Europe. The world they had known was destroyed. They welcomed every means that offered to help them build a new and—God willing—better one. The idea of the Junior Red Cross fired the imaginations of old and young alike. And in those countries where the American Red Cross had relief workers dispensing either senior or junior funds, the gospel was spread and an organization was left behind which has in it the seeds from which it seems two plants may grow: peace and self-help, which will prevent the necessity in the future of any similar outpouring of relief to assuage the ills resulting from man-made calamities. The eager Hungarians, the quick-spirited Poles, touched to the heart by this new possibility, organized Junior Red Cross sections in 1920. Czecho-Slovakia seized the movement as a necessary part of the training needed for new citizens of a new republic; Jugo-Slavia began talking Junior Red Cross almost before her senior Red Cross was well on its feet, the new Austria adapted it to her new needs, sparks were kindled in Rumania, Bulgaria, Italy, Argentine, Japan. Thus the flame went leaping round the world until at the end of 1922 twenty-two Red Cross Societies had Junior sections. Of these, eight had received aid of a most valuable sort from the National Children's Fund of the United States of America.

The chairman of the Junior Red Cross Committee of Graz, Austria,

likens this activity to that of a man who gives an apple to a hungry child. The average person gives the apple and feels he has done enough. The apple is eaten and six months later the benefactor is forgotten and no lasting result of his act is to be found. "Not so with the Junior Red Cross," says he. "The Junior Red Cross is like a man who gives the hungry child an apple, watches him smack his lips and hears him say: 'Ah, that's a good fruit.' Then the benefactor says: 'You like that apple? Would you like to have such apples as that all the years of your life? Yes? Well then, I brought you also a seedling of that tree. Let us go into the garden and you shall plant it so it will grow.' 'But I don't know how,' the child protests. 'It is quite easy,' says his friend, 'come, I will show you.' Such a benefactor is not forgotten for many generations."

Today we may say that 34 such apple-trees are planted, for 34 Red Cross Societies have organized peacetime Junior Red Crosses, five more are in the process of organizing junior sections, and another five are thinking of doing so. There are eight million children of both sexes, of various colours and of all races, united under one single banner. If they were congregated in one place they would outnumber the population of either London or New York. But there would be this significant difference: these eight million individuals would be engaged in similar activities tending towards the realization of the same ideal. The ideal is implied in the three-fold programme of the movement:—

1. The promotion of health;
2. The rendering of service;
3. The development of international friendship.

The programme is the same in countries as different from each other as Siam and Sweden, or Es-

thonia and Equador. In order, however, to carry out this programme, activities must go forward according to the conditions obtaining in each individual country. Consequently, while the purposes are the same, the efforts to achieve them are necessarily different. It is these very differences which lend colour and a marked quality of the picturesque to the story of the Junior Red Cross. It may therefore be desirable to indicate the nature of the efforts made or activities carried on by the Juniors throughout the world.

Health—The activities to promote health may be summarized as follows: First aid, health plays, health games, health stations, the development of personal hygiene, lectures and courses on health, debates on health topics and health clubs. This brief classification is not by any means descriptive of the efforts actually made in different countries. Any one of these activities may assume an aspect in one country totally different from its appearance in another. Personal hygiene activities, for example, have developed very differently in the countries of Hungary and Bulgaria. In the former country children study personal hygiene and agree to check their "health habits" on a "Health Game chart." They work together to provide medical treatment for any member of their group who needs but cannot afford it. In Bulgaria they do not keep individual health habit charts, but a pupil is appointed health inspector of the class. It is his duty to see that hands, fingernails, faces, necks and ears are clean. Sometimes he orders shoes and stockings off and includes feet in his inspection. On the wall of the classroom hangs a poster with the health rules printed on it. This is very similar to the posters which hang in Canadian class-rooms, but there is this difference: In Canada, Rule 4 reads: "Take a bath at least once a

week." In Bulgaria it advises you to try, if possible, to take a bath each month. In that three weeks' difference lies a summary of the whole difference of the history of the two countries: Bulgaria was ruled by Turkey until fifty years ago. Therefore, "bath" to the Bulgarian means an event as important, social and time-consuming, as a Turkish bath. If Stirka is absent from school for a day, an adequate explanation often is that "she is taking her bath." Thus, if the event is less frequent in Bulgaria than in some other parts of the world, it is at least more thorough.

Junior activities are capable of assuming amusing forms. An eye witness of a "clean-up" day in Austria, reported that at one of the school baths a boy acting as Junior Red Cross bath master, insisted on an unusually vigorous amount of scrubbing on the part of all participants. No one was permitted to consider this performance in the light of a mere ritual, and those who tried to escape half clean were sent back to complete their task. The boys of a certain school in Poland, as reported by the Polish Junior Journal, have brought a basin for the public washing of any dirty boy.

Service—Undertakings which may be described as service activities vary much more in form than the health activities. Different communities have different needs and different needs have different degrees of urgency. The most urgent needs call for the most immediate service. But aside from the requirements of emergencies, there is always room for service. The crippled children, the weak and the poor need help; schools, public grounds and parks need care; useful social institutions such as hospitals, health or recreation centres need support; and mothers and infants need protection. Wherever there is demand for

service the Juniors are ready to supply it to the best of their ability. It should not be thought, however, that the service activities of the Junior Red Cross merely constitute welfare work in the narrower sense. It has been well said that there is no such thing as sacrifice, since the one who makes a seeming sacrifice derives satisfaction either from the fact that benefit is conferred where it is due, or from the feeling that good is done whether or not it is deserved. The Juniors are not engaged in a one-sided form of charity work; they are undertaking a great educational experiment in "the humanities." Not only do they give, they also receive; and in giving and receiving they need suffer no debasing sense of obligation to one another. "From each, according to his ability and to each according to his need" is their ideal.

Such activities cannot fail to produce educational results of the most far-reaching kind. Boys and girls are supposed to learn the rights and duties of citizenship in their schools. But if what they learn is merely verbal, expounded by a teacher from a school platform, the responsibilities of citizenship become couched in academic formulas rather than in concrete social relationships. It has become almost a truism to say that the service of the Junior Red Cross brings the ideal of good citizenship into the actualities of every day life. Social rights and duties are no longer merely printed in books, they are imprinted in the character and personal experiences of each and every Junior. The experiment of 34 national Red Cross Societies allows no room for doubt on this point.

International Understanding — Activities for the development of international friendship may be grouped under three headings: 1. International school correspondence; 2. Mutual aid; 3. Junior conferences and visits.

International school correspondence is now an accomplished fact. Its value is demonstrated and recognized: it needs no excuse for being. At present hundreds of letters and portfolios are being exchanged between the children of 46 countries, in 259 different relationships. The result in each of those 46 countries must necessarily be not only an increased knowledge of the children of other nations, but also an increased sympathy for them. The reported earthquakes in Massachusetts on January 8th, brought forth letters of sympathy from the school boys of Latvia, and the great fire in New Jersey last year caused much worry among the Hungarian Juniors, for in each case the European children felt a real concern for the welfare of their friends in those States.

* International sympathy is not only expressed in letters, it is also voiced in more substantial forms. Thousands of children in many different lands contributed their mite toward the amelioration of the terrible plight of Japanese children as a result of the earthquake of 1923. Whenever such an unusual occasion arises the Juniors throughout the world are ready with their gifts. Presents are also exchanged on such occasions as Christmas. The boxes of Christmas gifts sent by the children of the U.S.A. to their European comrades have been of incalculable value in proving in a tangible way the existence of international child sympathy. Needless to say, the European Juniors in every instance have made such heartfelt response as was compatible with their means.

International visits and Junior conferences, to which child delegates from neighbouring countries are invited, are another means for developing international friendship. The Czecho-Slovakian Red Cross invited to its Junior Congress, held in the spring of 1924, two child and

two teacher delegates from each of the Red Cross Societies of its neighbouring countries. This form of activity, though necessarily regional and limited by considerations of time, space and money, is rich in opportunities for personal contacts between the children of different nations.

We cannot hope here adequately to describe the thousand and one activities of the Junior Red Cross. The foregoing account merely represents a sketchy abstraction of them in what is, we trust, an easily comprehensible form. Detailed and adequate impressions can be obtained only from personal inspection or from original documents. Such documents are on file at the Secretariat of the League of Red Cross Societies in Paris, and are open to committee members, executive officers, field workers, educators and social workers of any member Society who wish to make a study of the Junior Red Cross in any of its phases. In addition, field visits made by members of the staff of the League Secretariat to the various national Societies which have organized Junior sections, have proved helpful as a means both of gathering and disseminating information and assisting in problems of organization.

Students interested in the movement and unable to visit the centres of information may, however, secure reports of the current undertakings from the League's Information Bulletin as well as from the Junior magazines.

At present 21 national Societies are publishing 24 Junior magazines in 19 different languages. It is customary for each magazine to devote a part of its space to news of the activities of foreign Juniors. These magazines are exchanged between the different Societies so that the experience of each can be pooled for the benefit of all.

The Junior Red Cross has come to stay and to spread. It is here to stay because it performs a function which until the last few years has been left unperformed. The chaos and disaster which overcame the whole world at the time of the great war are witnesses of its necessity. It is sure to spread because fruitful ideas are invincible.

"Stone walls do not a prison make,
nor iron bars a cage,"

nor oceans a barrier, so far as the Junior Red Cross movement is concerned.

Up in the wintry north of snow-covered Alaska, where life remains undisturbed by the rough and tumble

of a more merciful climate, little Eskimo boys and girls, knowing that the subscription price of the American Junior News is required of all classes, gathered together "a scrap of fur of a baby seal, a bit of white fox, a tiny bit of precious old ivory, two walrus teeth, a tiny head of rich ivory, sinew of walrus and a small bit of whalebone and leather as the equivalent of their due of 50 cents."

This is the poetry of life. Single-minded eagerness, whole-hearted devotion to a desire born of the purity of infant souls, and efforts to satisfy it, are among the rarer beauties of life. They may be but by-products of the Junior Red Cross movement, but they demonstrate the hold it has over children of every race and clime.

Memorial to Overseas Nurses

The committee of the Elizabeth Garrett Anderson Hospital Extension Fund have been honored by receiving permission from the Dominions Governments to incorporate as part of their extension scheme a memorial to Members of the Overseas Nursing Service who gave their lives in the war. It is proposed to erect the Nurses' Home, which will form part of the new building, to their memory.

No memorial solely dedicated to the Overseas Nursing Service has yet been raised in this country, and the committee feel that the opportunity is specially appropriate in connection with the Elizabeth Garrett Anderson Hospital, which was the pioneer woman's hospital of our Empire. Queen Alexandra, who in 1890 laid the foundation-stone of the present building in the Euston Road, has expressed the hope that "all who have at heart the welfare of women and

children, will help the Extension Appeal Fund, and render service of some kind to forward the success of the enlargement of the Hospital of which she is Patron."

The Nurses' Home will be dedicated to thirty-nine members of the Canadian Nursing Service, twenty-four members of the Australian Nursing Service, four members of the South African Nursing Service, fifteen members of the New Zealand Nursing Service, three members of the Colonial Nursing Service, and one member of the Indian Military Nursing Service. Many women in all parts of the Empire will want to join in raising this memorial. All subscriptions sent to the Hon. Treasurer of the Appeal Fund, the Elizabeth Barrett Anderson Hospital, 144 Euston Road, London, N.W. 1, England, will be gratefully acknowledged.—(The British Journal of Nursing, April, 1925.)

— Editorial —

Unemployment Among Nurses and Some of the Contributing Causes

Recently there appeared in one of the daily papers of the Dominion the following advertisement:—

“Registered, graduate nurse desires position; will do housework; car fare extra.”

This advertisement is very significant. During the past year unemployment among qualified nurses has been so acute as to arrest the attention not only of the Registrars of the various Nurses' Registries but of the Superintendents of Training Schools as well. So concerned as to this situation of unemployment are the Superintendents of Training Schools of at least one Province of the Dominion that, at a recent convention, the subject received very serious consideration, resulting in the passing of a resolution favoring further study of the situation and recommending that the Council of Nurse Education in that Province take steps to limit the number of student nurses admitted to the approved training schools.

Under present conditions Canada cannot absorb the product of her Training Schools for Nurses and, yet, in this matter of unemployment among nurses, we hear no whimpering from the young women who for years have made possible the operation of hospitals for the care of the sick and the advancement of Medical Science.

The indications of an improvement in this situation of unemployment are far from promising, for there are a number of movements being promoted at the present time in Canada, each of which tends in its results to be decidedly detrimental to the best

interests of the graduate nurse. These movements are emanating from different sources, and while no one questions the sincerity of the promoters, and while the aims may in each case be entirely disinterested, the results will in none of them be what the advocates intend, because the movements have been launched without adequate knowledge of the underlying causes producing the conditions which the movements are intended to remedy.

During the past twenty-five years the work of the graduate nurse has brought to the home so very desirable a service in time of sickness that there are few communities in which the value of this graduate nurse service is not now generally recognised. Formerly, however, there were only a few families who could afford such service. It was, in fact, looked upon as a luxury not only by the patient, but equally so by both the family and the physician. Luxuries, however, once enjoyed or even contemplated come, by the lapse of time, to be regarded as necessities. So it is today with graduate nurse service. Physicians feel that it is most desirable; families hesitate to undertake the care of the sick in their homes without it; and so impressed are patients themselves with the idea that such service is necessary that in many instances it is demanded by them when there is really no urgent need for it.

The general public, also, become possessed of the idea that such service is a necessity, and with the best possible motives community efforts

have been put forth, in various places and in different ways, to make it possible for every sick person, regardless of his ability to pay the cost, to have this service.

And it is just at this point that one of the fundamental errors in these various movements arises. When it is found difficult to provide graduate nurse service at the current rates the idea is evolved that such nursing service may be had from those who are not graduate nurses; and from this has arisen the idea that short periods of instruction and training can be given to groups of women so that they may be fitted to render service in case of sickness at a lower cost than that entailed when a graduate nurse is engaged. The plan is fallacious in two respects. In the first place the type of service is not the same; in many cases it would not be adequate to the nature of the illness; and in all cases the family is under a wrong impression as to the knowledge and skill of the individual so undertaking to care for the person who is ill. In the second place very few women so partially instructed and trained, remain for any length of time content to perform what service they can at a rate any lower than that charged by the graduate nurse. Nor is it possible that they should do so, when it is remembered that the graduate nurse charges less than fifty cents an hour for her services, and averages not more than about seven months of work in each year.

Again it has been proposed, in a recent address by the president of a provincial Medical Association, that there should be several grades of diplomas granted to nurses in training, indicating as the case might be, that six months, or one year, or two years had been spent in a hospital, by the holder. The holder of one of these diplomas would be able to engage in the private practice of nursing and charge for her services. The result would be decidedly in-

jurious not only to the graduate nurse, but also to the families by whom such persons were employed; and the plan would eventually result in the hospitals of the country finding it difficult to secure nurses in training, since the field for service after graduation will be extremely limited, if others are to be permitted to give less efficient service, and still be able to charge, as they do, the same fee.

There are other practices which are also detrimental in their operation to the interests of the graduate nurse. Organizations which were originally formed for the purpose of supplying graduate nurse service to the poor have evidently been unable to resist the temptation to extend their field of operation so as to include families well able to pay. This practice began by allowing patients to contribute what they felt able. This, of course, was quite proper and permissible, but when service is given to families quite able to pay—say one dollar per hour—it is rather questionable as to whether it should be considered a fair method of procedure.

Such organizations should confine their activities to those families who are known to be unable to pay the minimum nursing fee of the locality. Those able to pay—say a dollar per hour—could very well be cared for by graduate nurses from established registries who are on call but for whom there are no full day cases available at the time.

Furthermore, some hospitals are following the practice of using nurses in training as specials for private cases, but charging the patient an additional fee for such service. This practice, when an extra fee is charged, is clearly a case of exploiting the nurse in training and at the same time cutting into the legitimate field of the graduate nurse.

It is in this way that all such schemes as—(1) short courses of instruction in Home Nursing with

certificates awarded, (2) systems of grading nurses with protanto certificates awarded, (3) nursing service for Insurance or other commercial corporations at less than the minimum fee prevailing in the locality, (4) student nurses as special nurses when a fee is collected—are wrong in principle and detrimental to the interests of the graduate nurse, if not at the same time equally so to those of the physician, the family and the patient.

The graduate nurses of Canada cannot afford to remain silent or indifferent longer in regard to these

movements. The various Nurses' Associations should inform their members on all these points, and the questions should be carefully considered and proper representations made to all concerned so that the interests of the graduate nurse—who is so much needed and whose place cannot adequately be filled by any one else—may not find her legitimate field narrowed by encroachments thereon by others without adequate training, or her legitimate patients given service at less than cost by voluntary or community organizations.

Occupational Therapy

By ILA HOUSTON, Superintendent, Occupational Therapy Workshop.

If a normal man or woman cannot remain idle without becoming mentally and physically unfit, how much more important it must be for people who are slowly convalescing or have some chronic illness to have an opportunity for wholesome work. Medical treatment occupies only part of their day, and during the long tedious periods in physical as well as mental sickness, the constant inactivity saps the strength physically, mentally and morally.

"Occupational Therapy" is the application of handicraft and other activities, as a means of treatment for the physically and mentally disabled. In other words, it is the utilization of some kind of occupation to effect as its main object a cure.

The earliest mention of work being given as a remedy is found among the ancient Egyptians and the Greeks. The basic principle behind Occupational Therapy has been used by mothers during all ages in the care of children, when they supply "do" for "don't" in a child's life.

The wise woman shows her children how to cut pictures with blunt scissors and paste them in a book, instead of telling them continually that they must not touch the scissors. Naturally scissors have an attraction, and as they are a forbidden attraction the child seizes them at the first opportunity and experiments on baby sister's hair, or mother's new frock. Shakespeare has very aptly said that "Men are but children of a larger growth," and no one has a better opportunity of realizing this than a nurse in hospital. It is all very well to tell a patient suffering from pain or mental worry to rest quietly, and not think about themselves, but none of us can direct the current of our thoughts without some outside stimulus. Always doctors and nurses have tried to interest convalescents and chronic invalids in some suitable occupation, knowing that the mind and body recover faster when the patient is happy and busy, instead of brooding and bored. The mere change from idleness to occupation forces him out of his listlessness and improves his mental outlook on life,

because he has less time to fall heir to worry.

But it was not until the Great War that occupations as curative agents were used to any great extent. Canada was the first country to organize Occupational Therapy in a definite department, and use it as a scientific cure. The United States government followed, but in England it has always been left to voluntary organizations. Every kind of craft was used—leather work, hand-wrought metal, wood-carving, basketry, toy-making, bookbinding, designing and many others.

Naturally the type of work given depends on the patient's condition and disability. In injury and affection to bones, joints and muscles a craft to aid in restoration of motion and function must be suggested, possibly wood-carving, or work on a jig saw. In tuberculosis, to procure contentment of mind, thereby contributing to the necessary physical rest, simple work which requires little or no exertion. In heart cases and chronic diseases to help gain mental rest and forget pain, leather work is quite simple to do, and yet requires great accuracy and thought. In mental cases to train the disordered mind in habits of activity, and to re-establish mental and muscular co-ordination any work which is of interest and requires concentration is of value, for it is obvious that the mind which is directing the hands in a new or unfamiliar activity must be so fully occupied with its task, as to leave no room for uncontrolled thoughts. Simplified crafts are used for sick and handicapped children with the most beneficial results. All this one can readily see, helps to raise and maintain the hospital morale.

In any re-educational work the production of a sound mental attitude in the patient must have a

primary place. A will to get well must be created if it does not already exist. A patient without hope, resentful and discouraged by his physical disabilities, is difficult to guide. Anything that is suggested for his help is met by the same answer, "Nothing will ever do me any good." Some even reach the stage where they "enjoy poor health." This is the hardest thing that the Aide must combat.

Not all discouraged patients may be approached in the same way. Different incentives must be used in different cases. One must be coaxed; one must be commanded; one must be led unwittingly, some on the other hand have to be restrained from over-zealous attempts to hasten their own recovery.

Occupational Therapy is now carried on with most beneficial results in the homes of some patients. It was tried with the Field Work for disabled veterans, and found so successful that now it is a distinct branch of Social Service. The work is a God-send to these shut-ins. One has but to visit some of the paralytics, cripples or chronic invalids to see what a boon some interesting and remunerative occupation can be.

Then a more progressive step was made when an Occupational Therapy Curative Work Shop was established at 1099 Bay Street, Toronto, at the instigation of some of the most prominent physicians of the city. It was organized to answer a definite need for the accommodation of patients who would benefit more by class treatment than by individual instruction; those who had left hospital, but were not able physically or mentally to return to their former employment or duties; and for the neurasthenic type who need a change of environment, to mix with other people, and to be forced out of un-

(Continued on page 298)



MISS GERTRUDE ELIZABETH LIVINGSTON

Photograph of a portrait hung in 1922 in the Jubilee Nurses' Home, Montreal General Hospital Training School for Nurses.

Miss Livingston

Pioneer in Canadian Nursing and Founder of the Montreal General Hospital Training School for Nurses

By E. FRANCES UPTON, Reg.N.

COMING up the main staircase of the Montreal Art Gallery one quiet Spring day in 1922, upon reaching the top, I stopped suddenly attracted by a vision which seemed to compel me to turn round. There, in the place of honour in the Spring Exhibition, hung the picture of a nurse in full uniform. None other than Miss Livingston. I gazed, fascinated, the effect being thrilling, at the face of her who for thirty years had by her amazing capacity and power of leadership ruled the workings of our beloved hospital, which has now reached the dignified age of one hundred and four years.

As a graduate of Miss Livingston's School, I felt appreciation that her picture was hanging in such an honourable position; at the same time feeling that an honour had been bestowed upon our Art Gallery by its presence.

The picture itself does not do justice to Miss Livingston, though one realizes that the artist has caught the expression of contentment and understanding which is depicted upon her countenance. The pose is not familiar: sitting comfortably in a chair—a position in which no one ever saw Miss Livingston. When seated she was on the edge of her chair: ready to rise hurriedly and be off about her business.

The picture was moved from the Art Gallery in the Autumn of 1922 and placed in the Jubilee Nurses' Home of the Montreal General Hospital Training School for Nurses, where it now hangs.

So much for the picture. It is of the woman herself I have been asked to write, an honour which I appreciate to the fullest degree, trusting my readers will forgive my shortcomings.

Gertrude Elizabeth Livingston was born of English parents at Sault Ste. Marie, Michigan; educated by English governesses at home; and trained at the New York Hospital, New York. She graduated in 1889 and did private duty for a few months.

While living at Como, Quebec, Miss Livingston was asked to apply for the superintendency of the Montreal General Hospital. She visited it, and said "Never!" Quietly returning to her work in New York City.

Before giving a brief outline of Miss Livingston's career, let us try to picture conditions as they existed at the Montreal General Hospital at that time. In 1875 the Nightingale influence had penetrated to the farthest corners of the earth, but among the very few failures credited to this influence was the effort to establish a training school here. Miss Maria Machin, trained at St. Thomas' Hospital, London (England), was chosen by Miss Nightingale for the work. She had a distinctly fascinating personality and much force of character, but was very dictatorial and lacked tact. Hospital records show that during her short term of office—1875-1878—she discharged one hundred and seventy servants, and waged active war against certain members of the Committee of Management. Dr. J. C. Cameron was her bitter and sworn enemy, and published

extraordinary virulent, anonymous pamphlets against her.

Naturally, nursing affairs at the General Hospital on the departure of "the Nightingales" took a retrograde movement. The work of hospital administration was undertaken by a matron (Miss Rimmer), who was not a nurse, with Miss Anna Caroline Maxwell as "Lady Trainer of Nurses." However, this arrangement was never satisfactory and lasted only a very short time. Miss Maxwell left, retiring in 1889, on account of ill health.

Chaos and darkness reigned—a house divided against itself. The small-pox epidemic in the late eighties had been the cause of poor-quality-students being admitted to the University, with the result that the medical internes at the time of beginning our story were of inferior calibre. They were referred to as "belonging to the small-pox year." We can readily imagine what an abomination of desolation really existed, and the difficulties confronting the Committee of Management at this time. There were no trained nurses in Montreal, except a few English graduates who were visiting friends.

It was at this juncture that Miss Livingston prevailed upon by Dr. F. J. Shepherd to visit the hospital with a view to applying for the superintendency, and upon viewing it said "Never!" However, she was persuaded to do so later, and on February 22nd, 1890, she came, bringing with her from New York two graduate nurses; one being placed in charge of the medical patients, and the other in charge of the surgical patients. No night supervisor was appointed during the first year, Miss Livingston taking full responsibility both day and night. Miss Baikie, one of Miss Livingston's own graduates, was the first night supervisor, remaining until 1900, when Miss Web-

ster was appointed. In 1925, Miss Webster is still in her prime; on duty twelve hours a night for five nights a week, regardless of the ever-increasing work and worries.

The Organization of the Training School

Immediately upon her arrival Miss Livingston proceeded to organize her training school, drawing up application forms and set of regulations. The old nursing staff were informed that they might remain under the new regulations, and that, after one year, they would be given their badge and diploma. Some of them had been on duty for six years! Much disturbance was caused among the nurses by Miss Livingston's advent, not knowing what was in store for them. A system of "free nurses" was at this time in vogue; that is, no agreement was signed regarding the length of time to be spent in training, and they were allowed to leave by giving one month's notice. After serving one year in the hospital they were allowed to put black velvet ribbon on their caps, were called "head nurses" and received eight dollars a month. No credentials were given upon leaving the hospital. Their dress was of blue print and the cap of book muslin, made by themselves. No uniformity in cap existed.

The front hall of the hospital was papered with copies of the Illustrated London News, etc. The hospital bed linen was drying around and up through the main staircase of the front portion of the hospital. The heating system consisted of a huge stove which sat in the centre of the front hall, and boasted but one leg, the three missing ones being replaced by fire bricks. In the Children's Ward, a curtain drawn across a portion of the room screened what turned out to be cases of diphtheria. Delirious patients were strapped to

their beds while nurses slept. No reports as to patients' condition, no medicine lists, no medicine cupboards, each patient helping himself from the bottle which reposed on a shelf behind his bed. This shelf also contained his soap and tobacco.

There were no bed springs; patients rested on straw mattresses placed on a framework of unpainted iron pipes. Dead bodies were wrapped in newspapers; shrouds and mortuary baskets were unheard of. In the Out-Patients Department the gynaeceological patients were attended to by ward maids, it being derogatory to the dignity of the nurse of that time to carry out such duties. Two months after her arrival, Miss Livingston sent two nurses to this department, who felt insulted upon being asked to go, but went. This department was very crowded and understaffed; not nearly enough accommodation for everybody. The hospital kitchen almost adjoined the surgery, only one room separating them. Patients helped in the kitchen—three or four convalescents peeling vegetables: an old custom commenced in England.

Doctors said that a training school in the real sense of the word was impossible. That keeping charts, recording medicine doses, etc., were out of the question.

Further Reforms

One hundred bed quilts were ordered and one hundred mattresses: quilts to be changed when soiled. Chart boards were made, to hang over the patients' beds: this idea meeting with much objection at first. Medicine lists were instituted and nurses were taught to compute doses and to write remarks and reports, especially night orders, etc. A fire system was established. Extreme carelessness had existed regarding fire; there was absolutely no fire protection; no hose, no alarms, and no fire escapes had been provided. Miss Livingston succeeded in arousing the

interest of Messrs. Reid-Wilson and Wolferstan Thomas to the necessity of fire protection, which was permanently established.

Proper nursing care was supplied to each ward at night, instead of what had been: no care at all. Adequate isolation of infectious cases was provided, instead of the general melee which previously existed. The care of communicable disease was carried out; this being the only provision for such cases in the city until the building of the Alexandra Hospital, especially for this type of work. There were no maternity wards, but training of nurses in this branch of work was provided by the affiliation with the Montreal Maternity Hospital. It was not made compulsory for nurses to take this training, however, until 1908.

Operating Room Supervision

"Whatever you do, don't quarrel with Alicia," was the warning Miss Livingston received regarding her operating room nurse, Miss Alicia Dunn, who was in charge of this department. Miss Dunn wore a black merino dress, with no cap; did not associate with the nurses—would not even eat her meals with them, but had them served in her own room. She was a very dignified, capable and sympathetic woman. Her successor, Miss Nora Tedford, who took charge upon Miss Dunn's resignation in 1897, of whom a whole book of delightful, grateful appreciation could be written, held the position until the year of Miss Livingston's resignation, leaving on account of ill health.

Accommodation for Private Patients

There was not enough room for private patients, who were sometimes forced to lie upon the floor with their handbags for pillows, later being placed in an outer room adjoining the operating theatre.

(Extracts from a paper read before the Alumnae Association, Montreal General Hospital.)

(Concluded in July number.)

Occupational Therapy

(Continued from page 293)

healthy mental attitudes. Many patients very seldom have the tenacity to resist becoming invalids, and very quickly become resigned to their condition. They need a stimulus from someone who is determined that they shall do something to help themselves.

The Toronto Society of Occupational Therapy, which is composed of graduate aides, was instrumental in establishing this Curative Work Shop, and still contributes largely to its finances. In November, 1922, with the interest and support of some of the most public spirited and influential people of Toronto, this Curative Work Shop was opened, and its growth has exceeded all expectations. It is completely under medical control and supervision. The Dean of the Faculty of Medicine, University of Toronto, is chairman of the Board of Management, which directs its growth and policy.

Its support is entirely derived from voluntary subscriptions—fees from private patients, and from the sale of articles produced at the Curative Work Shop. Then a system of "Bursaries" was instituted, which provides an excellent method for voluntary subscription. Bursaries, or grants, are subscribed for those unable to pay for treatment. These have been given by many interested individuals and societies, including the Daughters of the Empire, Girl Guides, etc. One commercial firm, greatly pleased with the progress made by an employee, subscribed for two bursaries. The bursaries are one hundred dollars for treatment at

the Curative Work Shop and one hundred and fifty dollars for home or hospital treatment for one year. If the original patient recovers before the expiration of the term, another may be sent to complete the balance of the time. Reports on the progress of the patients are sent to the physician and donor of the bursary. About one fourth of the patients have to work at home on account of physical disability, and to whom the aides go from the Work Shop at regular times each week. One girl paralyzed in the lower limbs and partially so in arms and hands, after working on the craft work given her, regained the use of her hands. Encouraged and interested she advanced to larger work requiring more movement, and is now attempting to walk by herself.

The Directors can see the growth of the Curative Work Shop in so many ways that they appreciate that it has justified their belief in its value to the community. A larger correspondence from all parts of Canada, patients recommended for treatment by doctors, nurses and a variety of societies and organizations, increasingly constant demands for co-operation from other charitable agencies, and an almost continuous reception of visitors.

Occupational Therapy has proven a success in hospitals, homes and Curative Work Shops. We believe that much remains to be done, and we hope in the future to interest the physicians and nurses of thought and experience in this valuable asset to medical science. We ask their advice, co-operation and help in planning this future.

Canadian Public Health Association

The annual meeting of the Canadian Public Health Association will be held in Montreal on June 8th and 9th. Headquarters and meetings at the Mount Royal Hotel.

This convention follows the meeting of the State and Provincial

Health Authorities' Conference, which is being held June 4th and 5th.

Arrangements for hotel accommodation should be made through Professor R. deL. French, McGill University, Montreal, Que.

Tentative Programme for the Congress at Helsingfors July 20th to 25th, 1925

REGISTRATION AND OFFICIAL INFORMATION BUREAU

Friday and Saturday, July 17th to 18th, 2 to 5 p.m.

Monday to Saturday, July 20th to 25th, 9 a.m. to 5 p.m.

MONDAY, JULY 20th.—

3 to 4.30 p.m.: MUSICAL SERVICE.

8 p.m.:

OPENING SESSION: Baroness Sofie Mannerheim, President, presiding.

Address of Welcome: Representative of Helsingfors City Council.

Response: Baroness Sofie Mannerheim.

Address: Representative of the Board of Health of Finland.

Music.

Addresses: "The Trained Nurses' Part in Peace": Ethel Bedford Fenwick,
Founder of the International Council.

"Greetings from the International Council of Women": Annie
Furuhjelm, Member of the Finnish Parliament.

TUESDAY, JULY 21st.—

10 to 12 noon: GENERAL SESSION: Baroness Sofie Mannerheim, President, presiding.

Welcome by the President.

Roll Call by countries.

Report of Local Committee on Arrangements.

Reading of Minutes of last meeting.

Report of Secretary.

Report of Treasurer.

Report of Standing Committees on:

Programme;

Eligibility;

Revision.

New Business.

2 to 5 p.m.: GENERAL SESSION: Ethel Bedford Fenwick, President of the National
Council of Trained Nurses of Great Britain, presiding.

SUBJECT: REPORTS FROM AFFILIATED AND NON-AFFILIATED COUNTRIES.

Reports of the Vice-Presidents of the Council:

Ethel Bedford Fenwick (Great Britain).

Adda Eldredge (The United States of America).

Agnes Karll (Germany).

Jean Browne (Canada).

Henny Tscherning (Denmark).

Baroness Sofie Mannerheim (Finland).

M. Verwey Mejan (Holland).

G. A. Hodgson (India).

Cecilia Todd Smith (New Zealand), read by Janet A. Moore, New Zealand.

J. Hellemans (Belgium).

Gladys E. Stephenson (China), read by Miss Cora E. Simpson, China.

Egle Pilastrini (Italy), read by Marchesa Irene di Targiani Giunti, Italy.

Bergliot Larsson (Norway).

M. G. Thompson, (South Africa) read by B. G. Alexander, South Africa.

Reports of the Hon. Vice-Presidents of the Council (omitting those from
National Organizations affiliating at Evening Session).

Reports from countries not affiliated (names will be published later).

8 p.m.:

GENERAL SESSION: Baroness Sofie Mannerheim, President, presiding.

Introduction of:

New Affiliated National Organizations;

Representative Nurses appointed as Hon. Vice-Presidents from countries
not yet affiliated with the Council;

Greetings by Representatives of the older National Associations and
Pioneers of Nursing:

Anne Maxwell (The United States of America);

M. A. Snively (Canada);

M. Huxley (Great Britain and Ireland);

Agnes Karll (Germany).

Lantern Slides of Nursing in different countries.

WEDNESDAY, JULY 22nd.—

9 to

10.15 a.m.: ROUND TABLES.

- (1) Position of the Matron or Superintendent of Nurses.—Chairman: G. A. Hodgson, President of the Trained Nurses' Association of India, Chief Lady Superintendent of Lady Minto's Indian Nursing Association, Simla, India.
- (2) The Duties and Preparation of Teachers and Supervisors.—Chairman: Flora Madeline Shaw, Chairman of the National Section of Nursing Education, Canadian Nurses' Association; Director, School for Graduate Nurses, McGill University, Canada.
- (3) Nursing under Government Auspices.—Chairman: Iku Todoriki, Representative of the Nursing Service of the Japanese Red Cross.
- (4) The Nurse in Community Health Work.—Chairman: Elizabeth L. Smellie, Chief Superintendent of the Victorian Order of Nurses, for Canada.

10.30 a.m. to**1 p.m.:**

GENERAL SESSION: Annie W. Goodrich, Professor and Dean, Yale School of Nursing, Yale University, U.S.A., presiding.

SUBJECT: ADMINISTRATION AND TEACHING IN SCHOOLS OF NURSING.

- (a) Report of the Committee on Education of the International Council.—M. Adelaide Nutting, Professor and Director, Department of Nursing Education, Teachers' College, New York; Chairman of the Committee on Education of the International Council. (Read by Isabel M. Stewart, Associate Professor, Teachers' College).
- (b) Adaptation of the Basic Nursing Curriculum to Local Needs.—Nina Gage, Chairman of the Section on Nursing Education, Nurses' Association of China; Dean of the Hunan Yale School of Nursing, Changsha, China.

Discussion:

Ellen Nylander, Matron of the Second Medical Hospital of the University Hospitals of Helsingfors, Finland.

Helen L. Bridge, Director, Warsaw School of Nursing, Poland.

Alice Reeves, President of the National Council of Trained Nurses of the Irish Free State; Matron Dr. Steeven's Hospital, Dublin.

- (c) The Relationship of the "School of Nursing" to the Hospital.—F. Meyboom, Matron of the Gemeente Ziekenhuis, Rotterdam, Holland.

Discussion:

Alice de Ibranyi, General Matron of the Nursing Service of the Hungarian Red Cross. (Read by G. de Hodossy, Hungary.)

Elsie M. Lawler, Superintendent of Nurses, Johns Hopkins Hospital, U.S.A.

S. E. Young, Superintendent of Nurses, Montreal General Hospital, Canada.

Afternoon: EXCURSIONS to Hospitals and different Institutions.

GARDEN PARTY.

8.30 p.m.:

LECTURE AND DEMONSTRATION (with lantern slides) on Sir Frederick Truby King's Methods of Child Welfare Work—Jentie B. N. Paterson, representing the Child Welfare Department of New Zealand and the Plunket Society.

THURSDAY, JULY 23rd.—

9 to

10.15 a.m.: ROUND TABLES.

- (1) How Can Lay People Best Co-operate with the Nursing Profession in the Advancement of Nursing Education.—Chairman: Marchesa Irene di Targiani Giunti, Director of the Nursing Service of the Italian Red Cross.
- (2) University Schools of Nursing.—Chairman: Ethel Clarke, Director, Indiana University School for Nurses, Indiana University, Indianapolis, U.S.A.
- (3) New Ideas and Devices in the Nursing Care of the Patient.—Chairman: S. Lillian Clayton, Superintendent of Nurses, Philadelphia General Hospital, Philadelphia, U.S.A.
- (4) Newer Development in Child Welfare Work.—Chairman: Venny Snellman, Director, Nursing Service of the General Mannerheim's Children's Welfare Association, Helsingfors.

10.30 a.m. to

12.30 p.m.: GENERAL SESSION: Jean Browne, President of the Canadian Nurses' Association, presiding.

SUBJECT: PUBLIC HEALTH NURSING.

- (a) The New Emphasis in Public Health Nursing.—Mary S. Gardner, Director of Providence District Nursing Association, Rhode Island, U.S.A.

Discussion:

Olympia Torres, Secretary of the Association of Registered Nurses of Porto Rico.

A French Nurse.

- (b) The Preparation of the Public Health Nurse.—Evelyn Walker, Directrice, Association d'Hygiene Sociale de l'Aisne, Soissons, France.

Discussion:

Maynard Carter, League of Red Cross Societies, Director of the International Nursing Course, Bedford College, London, England.

Mary Nelson, Superintendent of Nurses of the American Hospital, Constantinople, Turkey.

A Swedish Nurse.

- (c) Types of Organization in Public Health Nursing.—Elizabeth G. Fox, President of the National Organization for Public Health Nursing, U.S.A.; National Director, American Red Cross Public Health Service, Washington, D.C.

Discussion:

Elizabeth L. Smellie, Chief Superintendent of the Victorian Order of Nurses for Canada.

Venny Snellman, Director, Nursing Service of the General Mannerheim's Children's Welfare Association, Helsingfors, Finland.

2 to 5 p.m.: GENERAL SESSION: Agnes Karll, President of the German Nurses' Association, presiding.

SUBJECT: SPECIAL FIELDS OF NURSING.

- (a) Private Duty Nursing.—Bergliot Larsson, President of the Norwegian Nurses' Association.

Discussion:

Isabel Macdonald, Royal British Nurses' Association, London.

Minnie Ahrens, Executive Secretary, First District of Illinois, Chicago, U.S.A.

- (b) Should Nurses be Encouraged to Take Midwifery Training?—An English Nurse.

Discussion:

Jentie B. N. Paterson, representing the Child Welfare Department of New Zealand and the Plunket Society.

Mary Breckenridge, Kentucky, U.S.A.

- (c) What Progress Are We Making in Mental Nursing and Mental Hygiene?—Effie J. Taylor, Associate Professor of Nursing, Yale University; Superintendent of Nurses, New Haven Hospital, Connecticut, U.S.A.

Discussion:

Karin Neuman-Rahn, Director of the Preliminary Course of the School of Nursing, Maria Sjukhus, Helsingfors, Finland.

Signe Hommerberg, Superintendent of Nurses, Sankt Lars Sjukhus, Lund, Sweden.

- (d) Newer Developments in Tuberculosis Nursing.—Mlle. Chaptal, President of the French Nurses' Association; Directrice de la Maison-Ecole des Infirmieres privees.

Discussion:

Alta E. Dines, Director of Nursing Service, Association for Improving the Condition of the Poor, New York, U.S.A.

A Nurse from Switzerland.

8 p.m.:

OPEN MEETING: Baroness Sofie Mannerheim, President, presiding.

SUBJECT: THE NURSE'S PLACE IN THE WORLD'S HEALTH MOVEMENT.

Addresses: General Mannerheim, representing the Finnish Red Cross.

"Some International Aspects of Nursing Education": Annie W. Goodrich, Professor and Dean, Yale School of Nursing, Yale University, U.S.A., representing the International Council of Nurses.

A Representative of the Rockefeller Foundation.

Dr. Ludwik Rajchman, Director of the Health Section of the Secretariat of the League of Nations.

A Representative of the League of Red Cross Societies.

FRIDAY, JULY 24th.—

9 to

10.15 a.m.: ROUND TABLES.

- (1) Organization of the Nursing Service of the Red Cross.—Chairman: Clara D. Noyes, National Director of the Nursing Service of the American Red Cross, U.S.A.
- (2) Text and Reference Books for Nurses.—Chairman: Cora E. Simpson, General Secretary of the Nurses' Association of China.
- (3) How to Start Public Health Nursing in a New Country.—Chairman: Cecile Mechelynek, Chief Director of the Visiting Nurse Association of Belgium.
- (4) Nursing Economics.—Chairman: M. Verwey Mejan, President of the "Nosokomos" (the Dutch Nurses' Association).

10.30 a.m. to**12.30 p.m.: GENERAL SESSION: Countess Louise d'Ursel, Secretary of the Belgian Nurses' Association, presiding.****SUBJECT: NURSING LEGISLATION.**

- (a) Recent Progress in Nursing Legislation.—Elizabeth Burgess, Assistant Professor of Nursing Education, Teachers' College, New York.

Discussion:

B. G. Alexander, Hon. General Secretary of the South African Trained Nurses' Association; Matron of the Johannesburg
 M. Berkelbach, v.d. Sprenkel, Secretary of the "Nosokomos" (the Dutch Nurses' Association).

- (b) The Problem of Reciprocity.—Hester Maclean, Editor of "Kai Tiaki," former Director of the Division of Nursing in the Department of Health, New Zealand.

Discussion:

Mlle. Chaptal, President of the French Nurses' Association; Presidente de la premiere section du Conseil de Perfectionnement des Ecoles d'Infirmieres au Ministere de l'Hygiene.
 An English Nurse.

- (c) Educational Opportunities in the Inspection of Nursing Schools.—Kerstin Nordendahl, Superintendent of Registration in Sweden.

Discussion:

E. MacPherson Dickson, Superintendent of Nurses, Toronto Free Hospital, Weston, Canada.
 Adda Eldredge, President of the American Nurses' Association.

4.15 to**5.30 p.m.: ROUND TABLES.**

- (1) How to Interest Young Women in Nursing.—Chairman: Katherine Olmsted, Chief, Division of Nursing, League of Red Cross Societies.
- (2) Professional Ethics.—Chairman: Charlotte Munck, Superintendent of Nurses, Bispebjerg Hospital, Copenhagen, Denmark.
- (3) Subsidiary Groups in Relation to Nursing Service.—Chairman: Jean Gunn, Superintendent of Nurses, Toronto General Hospital, Canada.
- (4) The Nurse in Social Service.—Chairman: Meta Kehrler, Social Worker, Amsterdam, Holland.
- (5) School Nursing and Health Education in Schools.—Chairman: Helen L. Pearce, Superintendent of School Nurses under the London County Council, England.

8 p.m.:**GENERAL SESSION: J. C. Child, Vice-President (Overseas) of the South African Trained Nurses' Association, presiding.****SUBJECT: NURSING ASSOCIATIONS AND PUBLICATIONS.**

- (a) Fundamental Principles in Professional Nursing Organizations.—Adda Eldredge, President of the American Nurses' Association.

Discussion:

Henny Tscherning, President, Danish Council of Nurses.
 Rachel C. Torrance, Director of the School of Nursing of the Bulgarian Red Cross, Sofia, Bulgaria.
 Grace M. Fairley, Superintendent of Nurses, Victoria Hospital, London, Canada.

- (b) The Aims of a Professional Journal.—Margaret Breay, Assistant Editor of the "British Journal of Nursing," London.

Discussion:

Ada Carr, Editor of "The Public Health Nurse," National Organization for Public Health Nursing, U.S.A.

H. M. Thacker, Editor of "The Nursing Journal of India," Bombay.

Margrethe Koch, Editor of the "Tidsskrift for Sygepleje," Copenhagen, Denmark.

- (c) How to Make a Journal Useful and Attractive.—Mary Roberts, Editor of "The American Journal of Nursing," New York, U.S.A.

Discussion:

Kyllikki Pohjala, Helsingfors, Finland.

Ethel I. Johns, Assistant Professor and Acting Director of the Department of Nursing Education, University of British Columbia, Canada.

SATURDAY, JULY 25th.—

a.m.: BOAT RIDE.

p.m.: Social Gathering and Farewells from Representatives of the Five Continents: Henny Tscherning, President of the Danish Council of Nurses, presiding.

Representative for Asia: Lillian Wu, Superintendent of Nurses of the Red Cross Hospital, Shanghai, China.

Representative for Australia: Janet A. Moore, Instructor, Otago University, New Zealand.

Representative for America: Clara D. Noyes, National Director of the Nursing Service of the American Red Cross, Washington, D.C.

Representative for Africa: B. G. Alexander, Hon. General Secretary of the South African Trained Nurses' Association, Johannesburg, Transvaal.

Representative for Europe: Baroness Sofie Mannerheim, President of the Finnish Nurses' Association, Helsingfors, Finland.

EXHIBITS

Exhibits from the different countries will be highly appreciated, especially if these are concerned with Teaching Material for Schools of Nursing, or with matters relating to Public Health Nursing. Anything related to Practical Nursing and having interest for other countries will also be very welcome.

For the exhibit on Nursing Magazines we shall ask for two copies of any 1925 issue of the national nursing journals, and also for copies of the most prominent magazines of Training School Leagues, Alumnae Associations, or Schools of Nursing.

Each country is asked to send a Small Flag and a Flag-staff, to be placed on the table where its exhibit is to be found.

Kindly send the exhibits in advance of the Congress, so that the material will be in the hands of: The Committee on Arrangements, c.-o. Kirurgiska Sjukhuset, Helsingfors, Finland, not later than two weeks ahead of the opening of the Congress.

PICTURES FOR LANTERN SLIDES

Tuesday evening, July 21st, the Committee on Programme has arranged for lantern slides showing nursing in different countries. We ask our members and friends in the various countries, who have not already done so, to lend us ten to twelve slides, photographs, or pictures of moderate size from each land, showing nursing conditions of former times and of the present day. We are so fortunate as to have an apparatus which can show these different kinds of pictures equally well. Kindly see that this material is in the hands of the Secretary of the Council, Miss C. Reimann, not later than Monday evening, July 20th, the opening day of the Congress. The address of the Secretary until June 20th will be the same as at present, namely, Teachers' College, Columbia University, New York. After that date, until the Congress, in care of Baroness Sofie Mannerheim, Kirurgiska Sjukhuset, Helsingfors, Finland.

Delegates appointed by the Canadian Nurses' Association as representatives to the International Congress, 1925:—The Past Presidents and President C.N.A.: Miss M. A. Snively, 1908-1912; Miss M. A. MacKenzie, 1912-1914; Mrs. Bryce Brown, 1914-1917; Miss Jean I. Gunn, 1917-1920; Miss E. MacP. Dickson, 1920-1922; Miss Jean E. Browne, 1922-

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

"Hobbies"

By ELIZABETH HALL, R.N.

I have been asked to tell you of my hobbies, and, as the hobby that pays dividends has been ruled out, I may tell you of my failures only.

As most of you know, I am a farmer. I think every nurse who decides to live on the land, plans a chicken farm. I started with high ideals; I brought a pen of two-year-old birds, incubator bred for many generations, and, with my social service conscience still active, I decided to develop the maternal instinct of the flock and instead of depending on the incubator, to make the mothers of the flock hatch and care for their chicks as in the long ago past.

Two settings hatched on the same day, one of Leghorns, snowy white, the other, Barred Rock, as black as ink. I quite forgot the racial war between black and white. I took the white chicks from their mother and gave them to the mother of the blacks (as she could easily mother both flocks) and turned the bereaved mother into the laying pen. The mother of the blacks evidently thought the only good chick was a black chick, and proceeded to exterminate the "poor white trash." I arrived in time to rescue the remnant of the flock.

I took their own mother from the laying pen and returned her babes to her, but—she had been released from maternal obligations, and refused to

re-open the question. She fell on the little group with beak and claw, and I rescued them with difficulty. They were reared by hand.

With Horticulture, what I have learned in the school of experience is entirely different from the knowledge I gleaned from Government pamphlets and books. I have a field of currants and gooseberries, that I turn a gang of pickers in, ship to the canners, and collect cheques, regular as clock work, and no trouble; but that's not a hobby, there are dividends connected with it.

I had a field of raspberry canes planted, and the next year the fruit withered on the canes because I could'n't persuade pickers to do the work for a sum that would pay me to ship them. I always build a brush heap of the unsatisfactory trees and brushes, and I have a big fire each year. That year every raspberry cane went on the brush heap, and I had a blaze that brought the neighbors.

I tried thornless blackberries. I am fond of them, but disliked the thorny bushes, so I blessed Mr. Burbank, or whoever was responsible for the thornless variety, and set them out in the ex-raspberry field. The berries were delicious, the canes quite free from thorns, but—under the leaves were the thorniest kind of thorns. I have read that Isaac's substitute was found fast in a thicket of thorns, I am quite convinced that "thicket

of thorns'' was a thicket of thornless blackberries. They made a huge brush heap.

Last year I set loganberries in that ill-fated field. I had high hopes of influencing the housekeepers in the luscious fruit, and I had listened to many tales of the phenomenal yield of a logan cane. It would not long be in the hobby class, but—I find the loganberry grows a twenty foot cane, literally covered with a furry thorn that irritates; it will pierce the heaviest glove you can work with, and my brush heap bids fair to be mountainous this year.

My latest hobby is a colony of bees. They were guaranteed as purebred Golden Italians, gentle, etc. The life of the bee is about three months at the outside; the originals were, doubtless, well trained and kind, but they have passed to—wherever good bees go, and their descendents are ill bred (probably my fault), they are bad tempered, and will sting on the slightest provocation. Now, what shall I do with them? I cannot dispose of them by way of the brush heap. Does any nurse want a colony of Golden Italians?

(Read before the Vancouver Graduate Nurses' Association.)

Living Sutures in Surgery

By JAMES S. SIMPSON, M.D.C.M., M.R.C.S., L.R.C.P.

The use of living sutures described by Gallie & LeMesieur is of great value in repair of large Ventral and Inguinal Herniae. They found in their investigation that the fascie and tendon cells even if deprived of their blood supply continue to live when used as sutures. That is if a piece of fascie, aponeurosis or tendon is cut free from its circulation and transplanted into the same animal in such manner that it can receive an adequate supply of lymph it will for all practical purposes continue to live unchanged. Such transplants heal to the surrounding structures by new formed connective tissue and it is upon the strength of this the firmness of the fixation depends. The transplants and the surrounding tissues being placed in actual contact, the union will be a fibrous scar which materially increases its strength. By employing the fascie or tendon as a suture and by weaving it securely into the surrounding tissue the strength of the bond will depend upon the strength of the

transplant and of the structures into which it is woven. If the surgeon is careful to choose for his living suture a material known to have the necessary strength and if securely anchored into tissues which can stand the strain, permanent union can be expected. This type of suturing is applicable to large ventral and inguinal herniae in patients with weak, poorly developed muscles of the abdominal wall and no support at all at the posterior wall of the inguinal canal. To these patients you can say they have the opportunity of getting splendid results. The usual site for procuring sutures is the Fascie Lata on the outer side of the thigh. I have found to save time it is better to have an assistant who can get the sutures ready while the surgeon is preparing the hernial site for suturing. For example, if the surgeon is doing a left inguinal herniotomy; then the assistant can be working on the right thigh, getting the sutures. A long incision is made on the outer side of the thigh and after clearing

off the fat the glistening fibres of the Fascie Lata is seen. With the scissors and by splitting the fibres of the Fascie Lata sutures of the desired width can be obtained. This is easily done by shoving the scissors in the long axis of the fibres and splitting instead of cutting them. It is well to get as good a length as possible. When the sutures are removed the fascial and skin wounds are closed. The sutures are then ready for the surgeon. These sutures are built up of long fibres which easily split and fray at the end. To make sure this does not happen, wind fine silk around the suture close to the ends. Be sure this is secure and cannot be shoved off or become loose. After tying the other end of the suture in the large needle which is used for the purpose, the suture is ready for

use. The suture is now anchored firmly in the wound and woven from side to side, at the same time approximating the edges as closely as possible. The same layers are used as when using catgut sutures. The usual care must be used in securely fastening the end of the suture. If more than one or two sutures are required they can be carefully fastened to each other. The wound is closed in the usual manner. Now these sutures are not absorbed, but remain alive and in the same position; thus, the opening in the fascial plains are closed by sutures that remain. The hernial wound is now closed and the usual care and treatment used for the ordinary herniotomy. This method of treating large herniae works splendidly in cases that cannot be cured by the ordinary method.

The Specific Cause of Cancer

A very interesting paper by Julian Loudon, B.A., M.B., M.R.C.S., F.A.C.P., Chief Physician, St. Michael's Hospital, Toronto; Associate in Medicine, University of Toronto, and Dr. Jas. McCormack, entitled "Preliminary Report on the Glover Microorganism as the Specific Cause of Carcinoma," appeared in the Canada Lancet and Practitioner for January of this year. The authors describe how they took tissue and blood from cancerous mice, and from these sources were able to isolate and culture a specific microorganism which was observed to pass through a decidedly peculiar life-cycle. On ac-

count of certain characteristics exhibited by this microorganism it is believed that it is a member or near relative of the moulds or hyphomycetes. If this work is confirmed and accepted, cancer will come to be defined as a chronic infective disease due to the Glover hyphomycete, which in certain stages of its existence, grows in epithelial cells and stimulates them to unwonted reproductive activity. Further reports will be awaited with interest, and it is hoped that the work will lead to more efficient treatment of this terrible scourge to which humanity has been subjected from earliest times.

A. M. C.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

The Public Health Nurse in the Field of Tuberculosis

By JEAN HOUSTON, Reg.N., Manitoba Sanatorium.

THE problem of tuberculosis is not found in the hospital or the sanatorium but in the home, the factory and the school, and if we are going to eradicate the disease, it is there we must solve the problem.

This gives to the public health nurse an important place in the programme and a large share of the responsibility in solving the problem. To do her work effectively she must be trained in the fundamentals of tuberculosis problems, and every public health nurse should be as carefully trained in its detection, care and treatment as the nurse who is doing special tuberculosis work. She should be able to teach the patient how to care for himself, and not infect his family; to recognize early symptoms that might indicate the necessity for thorough examination by a competent physician; know something of the predisposing causes that lower resistance, which might be removed and a break-down prevented. She should be grounded in the knowledge of the sources of infection, and in the rules for the avoidance of further infection.

The first step is the prevention of infection, and the second is the prevention of disease when infection has taken place. The nurse with such knowledge will be of great service to the community, whether she functions as school, child welfare, industrial or visiting nurse?

The child welfare nurse will find at home or in the clinic the young mother who is not recovering her

usual health after the birth of the child, who is tired without cause and does not gain as she should, all of which would suggest the necessity for a thorough examination. It is well known that latent disease often becomes progressive after child birth. Also under the nurse's supervision will be the baby, who must be kept from the infected mother and given every chance to build up a well developed resistance by proper feeding and hygiene. It is at this age that resistance is lowest and the danger of infection is greatest.

The pre-school child in the home needs periodical examination and all physical defects corrected so that he may be free to develop a healthy body and be in a sound physical condition to enter school. The nurse in her contact with the home has an opportunity to teach the family the value of proper diet and the need of the observation of hygienic habits.

The visiting nurse will find that her work with the tuberculosis patient will be largely practical teaching in actually caring for the patient in the home. This requires constant supervision and repeated instruction. The number of her visits will depend on the area she has to cover and the type of patient and family with which she has to deal. The intelligent family, anxious to carry out instructions and living in proper home conditions, will not require as much supervision as the patient who is careless and is not eager to co-operate.

The nurse's first visit will be spent in establishing friendly relationships with the patient and the family, in obtaining the family history and the history of the disease, and she may make some suggestions regarding the care of the patient. While talking to the patient she should observe the housing conditions, ventilation, sanitation, the objective symptoms of the patient and family, and their personal hygiene. It is useless to try, during one visit, to convey all the necessary instruction, confusion will be the only result, and probably the family left so bewildered that nothing is accomplished. Many visits may be necessary to teach the simplest routine. The nurse should remember that she did not learn everything in one lecture.

The most important instruction is the care of the sputum, and this should be emphasized from the first. The use of the sputum cup and refills which can be filled with sawdust and burned is the best method. Paper napkins can be used for an ill patient and then dropped into a paper bag and burned. The patient should be taught to cover his mouth and nose while sneezing and coughing. The patient's dishes should be boiled or kept separate, with a separate towel for drying. The pillows and blankets should be exposed often to the sunshine. Literature should be left at the home to reenforce verbal instruction. The nurse, while caring for the patient, must keep in mind the protection of the family. Each member should be examined and a good routine established in the home.

The school nurse has a wonderful opportunity to educate the community to develop an intelligent interest in health as a community problem. She can be alert to improve conditions at the school, by changing stuffy closed rooms into fresh, well ventilated ones. She can enthuse the teachers with the importance of

health education for the children; interest the children in the formation of good health habits; interpret to the parents the need for the correction of physical defects and the dangers that beset the malnourished child; and control the spread of communicable disease. She should give special attention to the children who have been exposed to tuberculosis infection, urge frequent examinations, and emphasize the need of rest, fresh air, and good food. The need for frequent physical examinations of all school children cannot be over-emphasized. The school nurse should be the translator of health to the teachers, children, parents and community.

The public health nurse in industry has under her supervision a group between the ages of sixteen and thirty years, the age at which a great many break down. They enter the field of industry at a time of strain for the infected individual. There is the period of adolescence, the added responsibility of earning a living, the tendency to longer days and less rest, all of which are a menace. The industrial nurse, while improving conditions for the workers by correcting anything unhygienic or unsanitary, will find most of her work must be educational. She may do this by individual or group instruction and by posters and literature. She should keep before the workers the value of frequent and thorough examination and impress on employers the necessity for the examination of workers, especially food handlers. While every public health nurse must be a tuberculosis nurse, there is a place in the field for the nurse who has specialized along that line. She should be the clearing house for information for the other nurses. She must know what laws exist in the community regarding tuberculosis, what the facilities are for diagnosis and treatment, what relief agencies exist to

help the family, and where dental and other defects may be corrected.

She should have a record of all diagnosed cases in the community so that she can co-operate with the other nurses in the care of the patient in the home, urge the admission to sanatorium and follow up the sanatorium patient on discharge. She must be acquainted with the rules and routine of the sanatoria to which her patients are sent, so that she may give them some idea of what they may expect during their stay, and know something of the latest procedures in the treatment of the disease. She must enthuse the other nurses with the importance of this work, especially in its preventive and educational phases. She should

be the cog in the machine of the tuberculosis nursing programme.

While much has been accomplished in reducing the death rate from tuberculosis from the first to the sixth or eighth place as the cause of death, there is still a great need for more work. Curative and preventive measures are valuable but we must spend more time and thought on education.

Nurses must have the knowledge if they are to carry it to the public at large.

The campaign against tuberculosis and the purpose of all public health nursing is to build up a condition of health that will resist the invasion of disease and will make through physical well-being for a longer and better life in the future.

Crossing the Flood

(The following article is taken from the "Nursing Mirror." We are apt to think that only nurses working in outlying districts in new countries are confronted with difficulties in transportation. Apparently this is not so. I wonder if any of our nurses have ever thought of adopting the method described here.—Convener's note.)

Certainly the village I live in is very damp. We are on the bank, and sometimes all the surrounding fields are flooded until the whole countryside looks like a huge river with here and there trees and hedges showing like islands.

One night, after a heavy day on the district, I retired to bed at 10 o'clock, and about an hour afterwards was awakened by a loud knocking. Looking out of my window I heard a man's voice saying, "The missus is terrible rough, Nurse. Will you come?" I said, "How can I possibly get to X? The whole road is flooded after Mr. C's house."

"Oh, I have got something to take you, Nurse," was the reply.

I quickly dressed, got my bag, and started. We had only a few yards to go before the flood began. I could see no cart, nor anything for me to ride in, so I asked my escort where it was.

"Oh, it is all right, Nurse, I have got something for you."

I began to wonder whether the man was sane, for there certainly was no vehicle in sight. Then he left me for a few seconds and appeared with some high stilts.

"Here you are, Nurse. Jump up. I'll take the bag," he said cheerily.

He slipped a strap through the handle of the bag, hung it around his neck, and repeated to me, "Jump up, Nurse. I'll hold the stilts."

Nothing but a poor woman in labour or a sick child would have made me mount the fearful things to go nearly a mile through the flood. I got up, and took a few steps, feeling very brave. Then suddenly I felt

terrified. I could not move, and all the help I got was, "Come on, Nurse, the missus is terrible rough."

I was afraid that if I moved I should fall in the water; it would certainly have reached to my arm-pits.

"Come on, Nurse, you'm the only body in the three parishes as can help the missus. You must come on."

And on I just had to go, lifting up one stilt after the other till at last we reached our destination. In

places I got wet to my knees. When we did arrive at the cottage, I found my patient far advanced in labour, in fact I only had time to get my wet shoes and stockings off, scrub up, and deliver her of a boy baby weighing 10 pounds, 7 ounces. No wonder the man said she was terrible rough!

As I am perilously near sixty years of age, I feel not a little proud of my achievement, walking on stilts through a flood in the inky darkness of a moonless, winter night.

News Notes

BRITISH COLUMBIA

The annual meeting of the British Columbia Graduate Nurses' Association was held on Easter Monday at the Royal Columbian Hospital, New Westminster, and on Tuesday in Vancouver. The Public Health Nursing Committee met at 10.30 a.m. on Tuesday. Reports from the special committees showed that progress had been made. The public health nurses of Greater Vancouver, under the convener-ship of Miss Joe Peters, held three "get-together suppers" during the winter, with an average attendance of forty nurses. One meeting had been held at Duncan, on Vancouver Island, with Miss Isabel Jeffares as convener. The nurses who attended this meeting came from Victoria and other points on the Island. This meant that the whole day, and in some cases a night, were spent in travelling and attending the meeting. Eleven nurses were present and all felt that the effort had been well worth while.

The request from the National Section for material for the Public Health Exhibit at the International Congress of Nurses, Helsingfors, was presented for discussion. Miss E. Breeze was appointed convener of a committee, with power to choose her associates, to assemble and arrange an exhibit which would be the property of the Provincial Association. Material whenever required could then be selected from such a collection.

Interesting papers were read by Miss Gawley, of Keremeos, "My Experiences in New Communities," and by Miss Maden, of Duncan, on "Child Welfare Work in the Rural Districts."

Miss M. E. Morrison was elected convener of the Public Health Nursing Committee for the ensuing two years.

An Institute in Nursing was held at the University of British Columbia, April 15th to 19th, inclusive, and was well attended. While broad enough in its scope to be of interest to all nurses, special features had been arranged for the Public Health Nursing group, with closed morning sessions for the provincial public health nurses who had been called in for the Institute by the Provincial Officer of Health, Dr. Young.

A much appreciated feature of the Institute was a Book Clinic and a Health Poster Exhibit. The latter was prepared by Miss Breeze and the school children. The Japanese children's exhibit was of unusual interest. The Book Clinic, arranged by Miss Johns, proved to be most attractive to all visitors, and all time that could be spared was spent there. A splendid selection of literature on all phases of nursing and its allied subjects was arranged in groups, with outstanding passages marked. The cultural side of the nurses' life had not been overlooked, as gems in poetry and prose formed a notable contribution to the whole.

The announcement of Miss Ethel I. Johns' appointment to the Rockefeller Foundation has just been made. While the nurses of the Province are greatly pleased with the honor that has been conferred on Miss Johns and on the Department of Nursing of British Columbia, her departure from the Province will be deeply regretted by all. However, because of the nature of her work, it is felt that Miss Johns will still be part and parcel of the Provincial Association.

(Continued on page 314)

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal



PHYSICAL EDUCATION CLASS

Royal Victoria Hospital Training School for Nurses—Montreal

The Value of Physical Training for Student Nurses

By H. I. SANDERSON, Reg.N., Director of Physical Education

The excellent results obtained from the time spent in physical training during the preliminary course at the Training School for Nurses, Royal Victoria Hospital, Montreal, have far exceeded expectation, and it is hoped that the time is not far distant when every training school will, when at all possible, allot regular periods in the curriculum to this important subject.

The class has proved to be invaluable as a mental, physical and social stimulus. The idea is to develop the body into a harmonious whole—not to increase muscle—but to learn to control that already present. The exercises must not be allowed to degenerate into drill, or the interest of the class will lag.

The enthusiasm of our students appeared to be as keen during the "Swedish Day's Order" and "Marching Tactics" as in the folk

dances and competitive games.

In order that the frank opinion of the class might be obtained regarding physical education, each member of the class was asked to write a short paper, unsigned, expressing her views. Without exception, enthusiasm was the keynote. The following is a summary of the forty-two papers written: 1. Relieves mental tension; 2. Promotes play interest; 3. Makes one feel younger; 4. Corrects posture and walk; 5. Expands the chest which is contracted for so long each day while giving bedside care; 6. Chases worries; 7. Creates a happier spirit and ability to see the sunny side of work; 8. Develops mental and physical co-ordination; 9. "Have it oftener."

This summary is surely convincing evidence of the place physical education should hold in our Training Schools for Nurses.



Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

"In Memory of"

In proud and loving memory of the fourteen Nursing Sisters who lost their lives on the Llandoverly Castle, the night of June 27th, 1918.

| | |
|----------------------------|--------------------------|
| Matron Margaret M. Fraser. | N/S Jessie M. McDiarmid. |
| N/S Christina Campbell. | N/S Mary A. McKenzie. |
| N/S Carola J. Douglas. | N/S Rena McLean. |
| N/S Alexina Dussault. | N/S Mae B. Sampson. |
| N/S Minnie S. Follette. | N/S Gladys I. Sare. |
| N/S Margaret J. Fortesque. | N/S Anna J. Stammers. |
| N/S Minnie K. Gallaher. | N/S Jean Templeman. |

As stated by the Hon. E. M. MacDonald, Minister of National Defense, at the unveiling and dedication of the Sailor's Memorial Mounment at Halifax, in August, 1924, these nurses "stepped into immortality"—snatched from active duty, without warning, they made the supreme sacrifice with calm assurance and soldierly dignity.

Let us not forget to honour their memory—

"I tell you they have not died,
Their hands clasp yours and mine,
They are but glorified,
They have become divine."

From War to Peace

By N/S E. T. ROGERS*

The Great War ended in November 1918. I wonder how many of us really realize how its effects have gone on through these six intervening years, not the effect on the country as a whole but on the ex-soldier and his family as individuals. To cope with the condition of the man and his family has been the work of the Medical Social Service Department of the Department of Soldiers' Civil Re-establishment. Gradually and naturally the work has changed,

but always new problems take the place of the old. At first we dealt with all men who had been in the army, but gradually many have resumed civil life, until now our concern is with the men who have disabilities due to war service and with the dependents of those who gave their lives.

A great many men, fed up with "army life," failed to report their disabilities when "demobbed," their main idea being to get out of the

army and "back home." Many, thinking their disability only a temporary one, "carried on," took tonics, and consulted their family physicians for "cold," "indigestion," etc. Gradually their condition has retrogressed, and now, confronted with the necessity of a serious operation or a period of sanatorium treatment, they apply for consideration as to treatment and pension. One of the most interesting phases of our work is writing up the histories of these cases, trying to relate the man's present disability with war service and show continuity of symptoms. The various physicians and surgeons who have been consulted are interviewed. Also we obtain a complete industrial report. This is often very difficult as some of the men have had a multiplicity of jobs, but the employers are most courteous in furnishing details as to time lost, health notes, etc. After working very hard on a case for some days, interviewing many people and travelling to many places to secure authentic information to forge the necessary link between present conditions and war service, there is a great satisfaction on drawing the file to find that the condition has been recognized and the man is eligible for treatment and pension.

In the years immediately succeeding the war all tuberculosis cases in the Unit were called upon frequently by the nurses. It is the policy of the Department of Public Health to have their nurses visit these homes for strict supervision of all contacts. In order to avoid overlapping, a certain amount of visiting by D.S.C.R. nurses was discontinued and at present our Department pays routine calls only on cases that are over 80 per cent. disabled. Lower percentages are visited on request and comforts obtained for the men from various organizations, such as the Red Cross, various Chapters of the I.O.D.E., and recently the Radio Association has been most generous in

supplying radio sets to a number of men who are confined to their homes.

Another type of work that has proved most constructive is the administration of pensions. Occasionally the widow of a soldier, trying to do her best for herself and family, has found herself unable to provide even the necessities of life. This is not due to the fact that her allowance is inadequate, but rather to the fact that she has been the victim of unscrupulous tradespeople. To many of these women with a family of children, the cheque coming in at the end of the month seems to be a very gold mine without end. They go ahead and buy what is offered to them in the way of player pianos, electric washing machines, life insurance policies, etc., until by the end of the second week the pension is gone and it is necessary to go into debt for necessities. Thus the pension is practically spent before it is received and, like Micawber of old, trouble ensues.

By tracing our experience with one family, the reader may be better able to judge the work in this department. Numerous tradespeople were writing the department of debts owed by Mrs. A. Her landlord was pressing her for four months' arrears of rent, the school authorities reported the children absent for want of clothing. The mother was visited, and as is often the case, was at first very resentful and indignant at the idea that she could not manage her own family affairs. But a little talk soon revealed the fact that the woman was worried. Eventually she was only too glad to shift her responsibilities to the shoulders of the investigator. She owed four months' rent, a grocery bill of several hundred dollars, several hundred dollars for furniture on the credit system, and had seventeen insurance policies on the lives of a family of five.

To make a long story short, we visited the woman's creditors, made an agreement whereby we paid off

her debts at so much a month, paid her rent and gave her a weekly allowance. That happened about two years ago. The woman is now free of debt, has moved into a better house, and this winter when she was asked if she would like her pension cheque as formerly said, "Oh! dear no; it goes so much farther this way! I would rather you would pay the rent and give me the rest by the

week!" In cases such as this a little help and advice often averts disaster.

In this short article I have endeavored to give some idea of the routine work. Like every Social Service Department, our work is never monotonous and many calls come in that refuse to fit into any routine.

[*Nurse in Charge of Medical Social Service and Investigation Dept.—"D" unit, D.S.C.R.]

Book Review

"Personal Hygiene for Nurses," by John Wymond Miller Bunker, Ph.D., and Clair Elsmere Turner, M.A., C.P.H., 186 pages, illustrated, the C. V. Mosby Co., St. Louis, price \$2.00.

This book affords a practical but scientific presentation of the facts underlying healthful living. A chapter is devoted to such topics as Food and Digestion, the Mouth, the Alimentary Tract, the Nervous System, Muscular Exercises, the Feet, Sleep, Cleanliness, Nutrition, the Endocrine Glands, Reproduction, and Adaptation to Environment.

Although written primarily for nurses, graduate and undergraduate, it meets the

health needs of all people, lay and professional. Authoritative material is provided which may be used in presenting the various phases of hygienic living to adult and child groups, through the physiological and scientific background. This book will be welcomed by health teachers who have long felt the need for knowledge of scientific reasons underlying for formation of health habits.

The contents of the book should prove of value, not only to those who wish to safeguard their own health but to those whose duty and privilege it is to spread the gospel of good health to the schools and homes of the community.

News Notes

(Continued from page 310)

ALBERTA

Miss Mary Shearer has a position in the hospital at Prince George, B.C.

Miss Tephie Best married last December and is living in California.

Miss Watson is visiting her sister in California.

MANITOBA

The Executive Committee of the Nursing Sisters' Club, Winnipeg, entertained at tea in honor of Mrs. W. Petch (N/S E. Little) on April 16th, 1925, prior to her departure for Montreal, where she will reside in future. Mrs. Petch was an enthusiastic member of the Club and will be greatly missed. On behalf of the Club, Miss Attrill, President, extended best wishes for the future to Mrs. Petch.

Notes from the Library Committee

Health Education—

Report of the Cambridge Health Education Conference, held June 23-28, 1924. Published by the American Child Health Association, 370 Seventh Ave., New York City, N.Y.

Health Training in Schools: Dansdill; price, \$1.00. National Tuberculosis Association, 370 Seventh Ave., New York City, N.Y.

Health Education in Rural Schools: J. Mace Andrews.

Many Roads to Health; price, 25c. American Child Health Association.

Personal and Community Health—

A Service Booklet on the New York Station Health Examination Campaign, 105 East 22nd Street, New York City, N.Y.

Mothercraft—

Getting Ready to Become Mothers: C. Van Blarcom; price, \$1.50—McMillan Co.

Obstetrical Nursing: C. Van Blarcom; McMillan Co.

House of Health Series—

"The Expectant Mother in the House of Health," 10c each.

"The Baby in the House of Health," 15c each.

News Notes

ALBERTA EDMONTON

Royal Alexandra Hospital A.A.

The Graduating Exercises for the Class of 1925 were held in the Nurses' Residence at 3 p.m. on April 15th, when thirty graduates received their diplomas and medals. Several inspiring addresses were delivered to the graduating class, after which tea was served to about four hundred guests.

A delightful dance was given at the Nurses' Residence on the evening of April 14th by the Hospital Board in honor of the Graduating Class.

Miss Annie Anderson, 1922, left on May 1st for New York, en route for the Old Country, where an extended holiday will be spent.

Miss Lillian Laurie, 1917, has been appointed in charge of the second floor, medical wards, of the Royal Alexandra Hospital.

BRITISH COLUMBIA

The annual meeting of the Graduate Nurses' Association of British Columbia was held Easter Monday and Tuesday, April 13th and 14th, 1925. The meetings of the first day were held at the Royal Columbian Hospital, New Westminster, and those of the fourteenth at the Nurses' Residence, Vancouver General Hospital. Council meetings were held before the first meeting and after the last one, when the newly-elected officers and council took over the business of the Association. The invocation was given by the Rev. Rae, followed by addresses of welcome from the Mayor and the Graduate Nurses' Association of New Westminster, and replied to by Miss K. W. Ellis.

Miss Elizabeth Breeze, R.N., President, gave a most interesting address, welcoming all members and friends and explaining just what the organization and profession stood for. The report of the work of the Association was given by Mrs. M. E. Johnston, R.N., secretary, followed by the treasurer's report, presented by Miss Randal, registrar. The registrar then gave her report, which showed that 2,100 nurses had registered since the Act was passed and that 199 nurses wrote on examinations during the past year. The report showed the great increase in the secretarial work of the Association done in the registrar's office. The registrar referred to the tragic death of Miss Neilson. Addresses were then given by the various standing committees, with the report of the special Memorial Committee. Miss Breeze, convener, and of the circulation

manager of "The Canadian Nurse," Miss Lumsden.

Miss E. I. Johns, R.N.; Miss E. M. Morrison, R.N., and Miss Mirfield, R.N., were elected conveners of the Committees on Nursing Education, Public Health Nursing and Private Duty Nursing.

After some discussion on the expenses of the National Office, the following resolution was unanimously passed: "That the Executive Committee, Canadian Nurses' Association, be asked to make a study of the expenses of the Association, including the National Office, with a view to meeting all expenses under the affiliation fee, instead of having both an affiliation fee and a special levy for the office expenses. This affiliation fee to be the minimum required to cover the expenses of the Association work, including the National Office."

Miss Randal, R.N., was appointed the representative from the G.N.A. of B.C. to the British Columbia Hospital Association meeting, which is to be held in Nanaimo in August, 1925.

A communication was read from the Scholarship Committee of the Nursing Education Section, C.N.A., urging federated associations to provide scholarships for nurses. It was decided to form a committee with members from the Nursing Education, Public Health and Private Duty Committees to inquire into this matter. At the conclusion of this meeting tea was served by the New Westminster Graduate Nurses' Association.

At the evening meeting—Miss Breeze presiding—an address on Physiotherapy was given by Dr. S. C. McEwen. Misses H. Hill and King, dietitians at the Vancouver General Hospital and the Royal Columbian Hospital, gave interesting talks and demonstrations on the administration of insulin. Vocal selections were interspersed, and after the National Anthem was sung, the members were the guests of the local Association.

The morning meeting of April 14th was held at the Nurses' Residence, Vancouver General Hospital, when papers were given by Dr. W. D. Keith on Goitre, and by Mrs. Hamish McIntosh on "The Private Duty Nurses' Contribution to Public Health."

In the afternoon, the meeting was opened with an address on Child Welfare by Dr. G. A. Lamont, followed by a Health Play, put on by a group of children from the Strathcona School, who prepared and presented the play without any assistance from the teachers. This play was very well done and proved most interesting. The President then announced the result

of the election of officers and councillors for 1925-27 as follows: President, Mrs. M. E. Johnston; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss Jessie MacKenzie; Secretary, Miss K. S. Stott; Registrar, Miss Helen Randal; Councillors—Misses E. I. Johns, M. Ethel Morrison, Maud Mirfield, K. W. Ellis, Mary Campbell, L. McAllister, and Mrs. Calhoun.

Miss Breeze, the retiring President, spoke a few words of appreciation for the help she had received from the members during her term of office. Miss Randal presented Miss Breeze with a beautiful bouquet of roses, expressing the appreciation of the members for the work which Miss Breeze had done for the Association as secretary since its organization in 1912 and during her term as President for the past four years. The thirteenth Annual Convention was then declared closed, and the members were entertained at tea by the Alumnae Association, V.G.H., in the Residence. A banquet was held in the evening at the Ambassador, when over one hundred nurses were present.

MANITOBA

During Easter week an Extension Course for nurses was arranged by the University of Manitoba. The lectures and clinics were fairly well attended, and proved both interesting and instructive. The lectures and clinics were as follows: Public Health Legislation, 1 hour; Psychology, 3 hours; Preventive Medicine, 1 hour; Nutrition, 2 hours; Social Work, 2 hours; Tuberculosis, 2 hours; Orthopedics, 3 hours; Goitre and Basal Metabolism, 1½ hour; Dermatology, 2 hours.

Brandon Association of Graduate Nurses

The annual meeting of the Association was held on May 1st, 1925. A resumé of the activities during the year is as follows: Ten business meetings were held, at which papers on current events in the medical and nursing world were read and discussed; delegates were sent to the meetings of the Manitoba Graduate Nurses' Association and to the Canadian Nurses' Association; contributions and gifts were made to the Cross of Sacrifice erected in the Brandon cemetery, to the blind of the city, and to members of the Association who are patients at the Manitoba Sanatorium. Several social affairs during the year were much enjoyed by the members. The secretary reported a paid-up membership of forty-four members.

Manitoba Association of Graduate Nurses

The regular meeting of the Manitoba Association of Graduate Nurses was held on Tuesday, April 14th, at the St. Regis Hotel. The members first met for dinner, the

business meeting taking place later in the evening. The speaker for the evening was Miss Kenneth Haig, of the Manitoba Free Press staff, who spoke on "Traditions of Manitoba."

NEW BRUNSWICK MONCTON

The Moncton Chapter, New Brunswick Association of Registered Nurses, held a St. Patrick's dance and bridge on March 18th, at Castle Hall, for the benefit of the Milk Fund of the Child Welfare Association, the purpose of which is to supply milk gratis to the needy school children while at school.

The net proceeds of the evening amounted to one hundred and ninety-one dollars.

CAMPBELLTON Soldiers' Memorial Hospital

The first Graduating Exercises of the Soldiers' Memorial Hospital Training School took place on March 16th, 1925, exactly three years from the date of the opening of the Hospital.

The members of the Graduating Class had been much feted during the previous week. There was a large number in attendance at the Exercises, which were held in the Town Hall. The seven graduates looked very attractive in their white uniforms, each carrying an armful of red and white carnations tied with the school colors—red and white. Dr. Chipman, of Montreal, addressed the Class, while the diplomas and medals were presented by Mr. Corry Clark, Newcastle. The F. M. Anderson Memorial Prize (\$25.00) for General Proficiency was awarded to Miss Ethel Glover and presented by Mrs. F. M. Anderson. The prize for Operating Room technique from the Soldiers' Memorial Hospital Alumnae Association was won by Miss May Adams and presented on behalf of the Association by Mrs. W. Millican. The Medical Board prizes of Hypodermic Sets were presented by Dr. Murray. The Superintendent of Nurses, Miss Bliss, was presented with a purse of gold by the Ladies' Hospital Aid. After the Exercises a reception was held by the Aid, when a very pleasant time was spent.

NOVA SCOTIA

The Halifax Branch, Graduate Nurses' Association of Nova Scotia, held a meeting on April 16th, at the Dalhousie Public Health Clinic. N/S Laura Hubley, President, was in the chair. In addition to routine business, Miss Marjorie Trefry, delegate to the Provincial Association, gave a report of the recent meeting of the Executive Committee, G.N.A.N.S. Discussion followed on the examination for re-

gistration, which was to be held on May 19th and 20th in Halifax, on the possibility of a Provincial Public Health Library and on scholarships for nurses in Nova Scotia.

The Red Cross Home Nursing courses, given by the Technical College, are being conducted by Misses Frances Fraser, Esther MacD. MacWatt, Mary Hayden, Mary Dempsey, Mary F. Campbell, Agnes D. Carson, C. M. Graham, and C. B. Blyth. The classes are held at the M.H.H.C. No. 1, Dalhousie Public Health Clinic, Parker Street Church and the Y.M.C.A. Each class has about thirty members.

Miss A. M. Johnston, Reg.N., formerly with the Dalhousie Unit, and for the past four years Matron of King Edward VII. Hospital, Bermuda, has accepted the position as Matron of the Isolation Hospital, Halifax. Miss Johnston is a graduate of the Toronto General Hospital and succeeds Miss Mary Boudreau, Reg.N., who has resigned her position because of ill-health. Miss Boudreau has been Matron of the Isolation Hospital for the past five years, and is a graduate of the Waterbury Hospital, Waterbury, Conn.

Miss Catherine T. MacDonald, Reg.N., has accepted the position as public health nurse for the Department of Indian Affairs, Nova Scotia. Miss MacDonald is a graduate of St. Joseph's Hospital, Glace Bay, and of the Department of Public Health Nursing, Dalhousie University, as well as a post-graduate of the Massachusetts General Hospital, Boston, Mass. Miss MacDonald was a member of St. F.X. Overseas Unit.

Miss Lilia Thomas, Reg.N., has accepted the position as Superintendent, Halifax Infants' Home, Halifax. Miss Thomas is a graduate of the Victoria General Hospital, 1915, and went overseas with the Dalhousie Unit. Miss Thomas served for five years at Camp Hill Hospital, then as Superintendent of Rainbow Haven, and later on the staff of the Station Hospital, Halifax.

Miss Eva Burchell, Reg.N., has resigned her position as Superintendent of the Halifax Infants' Home. Miss Burchell is a graduate of the Royal Victoria Hospital, Montreal.

Captain Emily Ashby, of the supervising staff of Grace Maternity Hospital, has left for Vancouver, en route for Japan, where her marriage will take place to Captain Kenneth Barr. Captain Ashby spent seven years in Halifax, first at the Maternity Hospital, Tower Road, and later in the new building, the Grace Maternity Hospital.

The report of the Dalhousie University Public Health Clinic for January showed that 495 patients were treated, of which 120 cases were medical, 93 surgical, 36 ear,

nose and throat, 26 eye, 17 skin, 31 gynaecological, 12 orthopedic, 66 dental and 25 pre-school cases.

Between fifty and sixty crippled children were treated at the Children's Hospital during the past year.

ONTARIO

TORONTO

Hospital for Sick Children A.A.

The diplomas to the Graduating Class, 1925, Hospital for Sick Children, are to be presented this year by Mrs. Goodson, who before her marriage was Miss Brent, Superintendent of the Hospital for many years.

Through the generosity of Mrs. T. T. McWaters, a new tennis court is being given to the members of the training school. The court will be situated south of the Residence, and will be one of the finest of its kind in the city, the cost being about five hundred dollars.

Miss Hazel Franks, 1911, is to be Superintendent of the Lakeside Home, the summer home of the Hospital for Sick Children. Miss Grace Ayleworth, 1915, has been appointed Night Supervisor at Lakeside, while Miss Barbara Spence, 1924, is to be in charge of the Heather Club Pavilion.

The engagement and forthcoming marriage is announced of Miss Gladys Laurence, 1915, to Dr. Leslie Huether, of the Shriners' Hospital, Salt Lake City, U.S.

The approaching marriage is announced of Miss Grace Palen, 1923, to Mr. John Wilfred.

Grace Hospital A.A.

The annual meeting of the Alumnae Association was held at 216 Huron Street, Monday, April 20th, 1925, at 8 p.m.

The following officers were appointed: Hon. President, Mrs. Currie; President, Mrs. Gray; 1st Vice-President, Miss Goodman; 2nd Vice-President, Miss Dyer; Recording Secretary, Miss A. Bell; Corresponding Secretary, Miss M. Shaw; Treasurer, Miss E. Ogilvie; Board of Directors—Misses Rowan, Duvellan, Lansbrough, Emory and Mrs. Grant.

Toronto General Hospital A.A.

A very successful "Theatre Night" was held on Monday, April 20th, by the Alumnae Association. The play was Victor Herbert's "Dream Girl," which was presented at the Royal Alexandra Theatre. The theatre was well filled and the Association is pleased to report a substantial profit. The patronesses were Lady Flavelle, Mrs. G. H. Ferguson, Mrs. C. L. Starr, Mrs. Decker, Mrs. Gooderham, Mrs. C. B. McNaught, Mrs. Bruce McDonald, Miss Blackwell, Mrs. Gurney, Mrs. McEachren, Mrs. Perry Goldsmith, Mrs. D. N. McLennan, Mrs. W. B. Hendry, Mrs. T. Brad-

shaw, Mrs. Forbes Godfrey and Mrs. John Turnbull.

The following changes have taken place in the nursing staff of the Toronto General Hospital: Miss Olive Willcocks, 1920, has resigned from her position in the Private Operating Room, and is succeeded by Miss K. Meek, 1917. Miss Willcocks is spending a long holiday in Muskoka. Miss Frances Horton, 1923, in charge of Floor 1, Private Patient's Pavilion has been succeeded by Miss Aubra Cleaver, 1923. Miss Frances Charlton, 1925, is assistant head nurse on Floor 5, P.P.P. Miss Jean Young, 1923, has resigned from Ward D and Mrs. Ward, 1925, has been appointed to Miss Young's former position.

The many friends of Miss Vivien Lane, 1922, will regret to learn that she has been ill for some time in the Private Patient's Pavilion, T.G.H. Recently, Miss Lane's condition has improved and it is hoped she will soon be fully recovered.

Miss Astrid Andreasen, 1923, is in charge of the Operating Room, Medicine Hat General Hospital, Medicine Hat, Alta.

Miss Mary McIlquham, 1923, is taking a post graduate course in Obstetrics at Sloane Hospital, New York, N.Y.

Miss Winnifred Deneau, 1923, has accepted a position on the nursing staff at the Willett Hospital, Paris, Ont.

Mrs. G. O. Johnson, formerly Miss Eleanor McKay, 1923, has moved from Ottawa to Winnipeg, where she will reside in the future.

Miss Eudora Watson, 1923, has been appointed to the nursing staff at the Red Cross Hospital, Hornepayne, Ont.

HAMILTON

Hamilton General Hospital A.A.

At the meeting of the Alumnae Association, held on May 7th, 1925, the sum of three hundred dollars was voted from the funds to be used as a scholarship for a graduate of the Hamilton General Hospital Training School for Nurses who might wish to attend a course for graduate nurses at one of the universities. The sum of fifty dollars was donated to the Children's Fresh Air Fund. Interesting reports of the annual meeting, Graduate Nurses' Association of Ontario, were given by Misses Hall, Hobden and Sadler. Miss Rayside will finish her talks on the History of Nursing at the regular meeting of the Association in June.

Miss Catherine Irwin has accepted a position with the local Victorian Order of Nurses.

St. Joseph's Hospital A.A.

The Annual Retreat of the nurses of St. Joseph's Hospital was conducted by Rev. Father O'Sullivan from Wednesday

evening, May 13th, to Sunday morning, May 17th, 1925.

A successful linen shower in aid of the Hospital was held at Undermount on May 12th.

Misses Gallagher, Smith and Murphy, 1924, are engaged in general ward duty at Mount Sinai Hospital, Cleveland, Ohio.

FORT WILLIAM AND PORT ARTHUR Thunder Bay Graduate Nurses' Association

The regular monthly meeting of the Thunder Bay Graduate Nurses' Association was held at the Port Arthur General Hospital Nurses' Home on Thursday evening, May 7th. There was a splendid attendance and on the conclusion of the business session the Rev. Reed, of Port Arthur, gave an extremely interesting talk on the life, work and death of Nurse Edith Cavell, the night of the meeting being the anniversary of her tragic death.

Two songs sung by Mr. Jolly, accompanied by Mr. Sumpton, were much enjoyed, and a delightful lunch, served by the nurses of the Port Arthur General Hospital, concluded a memorable meeting.

On St. Patrick's Day, at the McKellar General Hospital, Fort William, the Thunder Bay Graduate Nurses' Association gave a most successful card party, with tables for both auction bridge and "500." Handsome prizes were donated by Mrs. (Dr.) J. E. Cook (formerly Superintendent of the McKellar General Hospital); by Miss Pearl Morrison, the Superintendent of the McKellar General Hospital, and by Miss S. M. McDougall, the President of the Association. The rooms of the Nurses' Home were beautifully decorated for the occasion and a delightful lunch was served. Over a hundred guests enjoyed the hospitality of the nurses.

As a fitting climax to the day of celebration in honour of the Golden Jubilee of the Reverend Mother Monica, the revered Mother Superior of St. Joseph's Hospital, the nurses' graduation exercises of that hospital were held in the Wallace Hall, Port Arthur, on the evening of Wednesday, May 6th, when more than five hundred visitors attended.

The class presented an engrossing picture of professional efficiency combined with artistic loveliness, and as each graduate advanced to receive diploma, medal or special prize from the hands of His Lordship, Bishop Scollard, the enthusiasm and applause of the audience reached a high pitch.

The prize-winners were:—Prize for highest marks in medicine, presented by Dr. H. R. Bryan, Miss Coglan; prize for efficiency in practical work, presented by Dr. G. E. Eakins, Miss Major; prize for general efficiency, presented by Dr. Charles Powell, Miss Gaston; prize for

dietetics, presented by Mother Aldegonde, to whom a special tribute was paid by the Rev. Father Cox, S.J., Mrs. Ticknor; prize for deportment, presented by Rev. Mother Monica, Miss Grant; prize for general efficiency, presented by Mother Aldegonde, Miss Coglano; prize for proficiency in bandaging, presented by Mother Aldegonde, Miss Gaston.

Sister Francis, in charge of the Graduating Class, received mention and marked expressions of gratitude, and each member of the class received a clinical thermometer from the Ladies' Aid of the Hospital and reference books from the undergraduates of the Training School.

Representing the medical profession, Dr. Eakins gave a splendid address to the nurses, dwelling upon the vital importance of their vocation and the serious responsibilities that they would assume when they took up their duties. He suggested that no more excellent example or greater inspiration for their life-work could be found than in the record of the Rev. Mother Monica, for so many years the directing and inspiring force that has controlled the destinies of St. Joseph's Hospital.

His Worship Mayor Crooks also paid a very high tribute to the magnificent work accomplished by the Hospital and extended the heartiest congratulations of the citizens of Port Arthur to each member of the Graduating Class.

The musical portion of the programme was greatly enjoyed and a short programme of dancing brought this very important and happy occasion to a close.

QUEBEC MONTREAL

Royal Victoria Hospital A.A.

Miss Mildred Ewing, 1915, has joined the staff of Nassau Hospital, Mineola, N.Y.

Miss Margaret Pringle, 1921, is Assistant Superintendent at the Victoria Public Hospital, Fredericton, N.B.

Many friends will be interested to learn that after two years of study and missionary work, Miss Evelyn Eaton, 1921, has passed very successfully both sets of examinations in the Indian language. Miss Eaton has been appointed recently in charge of a hospital and training school at Pitapuram, Godavari District, India.

Montreal General Hospital A.A.

Miss Raeburn, 1925, has been appointed Night Supervisor of the Newport Hospital, Newport, Vt.

Miss Elizabeth Scarlett, 1916, who has been in charge of the Maternity Ward in the Medical Arts Hospital, Montreal, has accepted a similar position in the Ford Hospital, Detroit, Mich.

Miss Evelyn Hamilton, 1925, is in charge of a ward in the Shriners Hospital, Cedar Ave., Montreal.

Miss Lucretia Stewart, 1925, has accepted a position as Night Supervisor of Lockport City Hospital, Lockport, N.Y.

The members of the Alumnae Association extend their sympathy to Miss Gwendolin Nichol in the loss of her father, and to Miss Alice Miller in the loss of her brother.

Miss Helen Parminter, 1924, is in charge of the Infirmary, Verdun Protestant Hospital, Montreal.

Miss Kate Wilson sails on the "S.S. Athenia," June 19th, for Scotland, to visit her home during the summer.

The engagement is announced of Marjorie, daughter of Mrs. E. D. Whelphy, Central Greenwich, N.B., to Mr. George H. Sonne, son of Mr. and Mrs. Christopher Sonne, Outremount, Que. The wedding is to take place in August.

The engagement is announced of Martha Elizabeth, daughter of Mr. and Mrs. W. Arthur McMillan, Chesterville, Ont., to Mr. Byard Black of Hallville, Ont. The marriage is to take place on June 3rd, 1925, at the home of Mrs. V. C. Moulton, Westmount, a cousin of the bride.

The marriage is announced of Alice, daughter of Mr. and Mrs. A. E. Miller, 244 Fairmount Ave., Montreal, to Mr. Frank Downes of New York City, to take place at St. Michael's Church, Montreal, on June 11th, 1925.

Western Hospital A.A.

Miss B. A. Birch, nurse in charge of the Operating Room, has returned from her trip to New York. Mrs. McTaggart relieved for Miss Birch during the latter's absence.

Miss Florence Martin, Night Superintendent, has been called to her home in Nova Scotia, owing to the serious illness of her father.

Miss Mabel Martin and Miss Anne Scullen have been appointed recently to the staff of the Western Hospital.

Miss A. Bouresk has accepted a position on the nursing staff of the Medical Arts Hospital, Montreal.

Miss Edna Botes, 1924, is practising at present in Boston, Mass.

Miss Mary Sharpe, 1923, has been appointed Assistant Superintendent of the Sherbrooke Hospital, Sherbrooke, Que.

Miss E. Wright, President of the Alumnae Association of the Western Hospital, Montreal, has recovered from her illness and has returned to her home.

The Western Hospital has recently sustained a great loss through the death of the Chief Surgeon, Dr. J. Anderson Springle, which occurred on April 11th, 1925.

SHERBROOKE

Graduate Nurses' Association of the Eastern Townships

The Graduate Nurses' Association of the Eastern Townships have proven themselves to be a most enthusiastic and active organization. By means of several most enjoyable social affairs they have raised funds for relief purposes, and recently, after raising seven hundred dollars they purchased a car for the local nurse who is engaged with the Victorian Order of Nurses. The district which this nurse visits is exceedingly large so that the car will prove to be of much assistance to her, as well as to her patients. Several interesting and instructive lectures have been given to the Association by the medical men of the city.

QUEBEC

Jeffrey Hale's Hospital A.A.

The Alumnae Association entertained at a most successful Bridge on the evening of April 14th, in aid of their school. Flowers and home-made sweets, decorated with the school colors, were sold during the evening. The non-players were entertained with fortune-telling, an auction, and an attractive fish pond. The proceeds amounted to seven hundred and thirty-five dollars.

Miss E. Matheson has been appointed in charge of the Communicable Disease Service, J.H.H. Miss Matheson recently spent two months each in the Toronto Tubercular Hospital and in the Alexandra Hospital, Montreal.

Miss Hazel Black has resigned from the Hospital staff and will spend the summer visiting friends in the United States.

Miss C. E. Armour and Miss E. MacKay are planning to attend the Congress of the International Congress of Nurses at Helsingfors, Finland.

Miss N. MacKie has been appointed Night Supervisor at the University Hospital, Edmonton, Alta.

SASKATCHEWAN

REGINA

The annual meeting of the Regina Registered Nurses' Association was held on April 2nd, 1925. The officers elected for the year were: Hon. President, Mrs. W. A. Thomson; President, Mrs. J. T. Waddell; First Vice-President, Miss E. D. Lindsay; Second Vice-President, Mrs. A. O. Tanney; Treasurer, Miss E. J. Thomas; Secretary, Miss H. McCarthy.

At the May meeting of the Association plans were made for the summer's work in connection with the annual bazaar, and conveners of committees were appointed

to take charge of the different booths. While the proceeds of the 1924 bazaar had been set aside as a benefit fund for sick nurses, it was decided to utilize the funds arising from the 1925 bazaar for the general expenses of the Association. Dr. Frances McGill gave a most interesting address on Goitre. Before the meeting adjourned until September, 1925, it was decided to accept Mrs. Morton's kind invitation to hold a social meeting at her home, in Lumsden, during June. Arrangements for some suitable form of entertainment for the graduating classes from the two City Hospitals were left to the Social and Executive Committees.

SASKATOON

The annual meeting of the Saskatoon Graduate Nurses' Association was held in St. Paul's Hospital Nurses' Home on April 6th, 1925. The officers for the year were elected and a delegate appointed to attend the annual meeting of the Provincial Registered Nurses' Association in Moose Jaw. Tea was served by the Sisters following the business meeting.

The May meeting of the Association was held at the home of Mrs. H. N. Lamont. In addition to routine business, a report of the Provincial Annual Meeting was given by the delegate. Tea was served by the hostess.

The passing of Mrs. Clo Goodwin, R.N., at Aulac, N.B., on March 12th, 1925, was a great shock to her many Western friends as well as to those in the Maritime Provinces and in various parts of the United States. Mrs. Goodwin graduated in 1912 from the Union Hospital, Fall River, Mass. She did district work in Boston and held several institutional positions in Western Canada. Mrs. Goodwin was an energetic worker in Saskatchewan during the first influenza epidemic, to which her husband succumbed while she herself was ill. During 1919 and 1920 she was actively engaged in social service work for the Soldiers' Settlement Board in Calgary, and was Superintendent of the Victorian Order of Nurses in Edmonton from 1922 to 1924, when she resigned on account of ill-health. Mrs. Goodwin was much loved by all who knew her. Her charming personality and sunny disposition won her many friends wherever she went, and we feel that—

"She is not dead, she has but passed
Beyond the mists that bind us here,
Into the new and larger life
Of that serene sphere.

"She has but dropped her robe of clay
To put the shining raiment on,
She has not wandered far away,
She is not 'lost' nor 'gone'."

Appointment of Canadian Nurses by the Rockefeller Foundation

The appointment has recently been announced of Miss Ethel I. Johns to the field staff of the Division of Studies of the Rockefeller Foundation for special work in connection with Nursing Education, first in the United States and later in Europe.

Miss Johns has been Director of the Department of Nursing in the University of British Columbia since October, 1919, when the first University Course for Nurses was established in Canada.

At the invitation of the Rockefeller Foundation, Miss E. Kathleen Russell, Director of the Department of Public Health Nursing of the University of Toronto, has gone to Europe to observe and study nursing activities.

Miss Russell left Canada the last week of April and expects to be away for four months. Such an experience will afford an opportunity of coming in contact with existing conditions in the various European countries and will help to make possible the arrangement of post-graduate work best fitted to meet the needs of foreign students.

The congratulations and best wishes of Canadian nurses are extended to Miss Johns and Miss Russell, both of whom in addition to contributing largely to the advance of Nursing Education in Canada, have been most generous in aiding the provincial and national organizations of nurses.

MARRIAGES

- LOGAN—LEE—On November 5th, 1924, at the Baptist Temple, Halifax, N.S., Marguerite S. E. Lee (General Public Hospital, St. John, 1914) to George H. Logan, of Shubernaeadie, N. S. Mr. and Mrs. Logan will reside at 341 Creighton St., East Halifax, N.S.
- SIMPSON—WELLS—On December 10th, 1924, Muriel Wells (Wellesley Hospital, Ont.) to Morley Simpson, of Brighton, Ont.
- CROSBY—COLWELL—On Saturday, May 2nd, 1925, at Halifax, N.S., Berta Colwell (R.V.H., 1923) to Dr. Hazlett Saunders Crosby.
- YORKE—WARD—On Tuesday, May 5th, 1925, at London, Ont., Pauline Louise Ward (R.V.H., 1923) to James Warren York. At home 35 Aylmer Ave., Ottawa, Ont.
- McLEOD—PRATT—In April, 1925, Miss Pratt (H.S.C., 1923) to Peter McLeod, of Englehart, Ont.
- FOXTON—WARNER—On April 16th, 1925, at Fort William, Ont., Alma Margaret Warner (McKellar General Hospital, 1923) to Henry Foxton.
- HUMPHREYS—GILCHRIST—On Saturday, April 25th, 1925, Lyall Gilchrist (T.G.H., 1919) to Dr. John Humphreys. Dr. and Mrs. Humphreys will reside at Apt. 3, La Plaza Apts., Charles and Jarvis Sts., Toronto.

REOCH—MORRISON—On May 4th, 1925, in Regina, Florence Morrison (Regina General Hospital, 1924) to John Reoch, of Regina.

WALLIS—FRAPPIER—On April 11th, 1925, at Banff, B.C., Mildred Frappier, (M.G.H., 1924) to George Wallis. Both of Vancouver, B.C.

BIRTHS

- CRYSDALE—On Easter Sunday, April 12th, 1925, at Wellesley Hospital, Toronto, to Mr. and Mrs. John P. Crysdale (Marian O'Hara, W.H., 1924) a son.
- SHEEHAN—On April 4th, 1925, at Dundas, Ont., to Mr. and Mrs. Sheehan (Nora Finn, S.J.H., Hamilton, 1917) a daughter.
- BRECKENRIDGE—On April 12th, 1925, at the Montreal Maternity Hospital, to Mr. and Mrs. J. Breckenridge (Florence Hodge, M.G.H., 1921) a son.
- McCALLUM—On April 20th, 1925, at St. Joseph's Hospital, Port Arthur, Ont., to Mr. and Mrs. A. V. McCallum (Olive Tweedley, St. Joseph's Hospital, Port Arthur, 1919) a daughter, Olive Elizabeth.
- POLLARD—On March 18th, 1925, at Alliston, Ont., to Mr. and Mrs. J. G. Pollard (Mary F. Brown, T.G.H., 1921) a son.
- MITCHELL—At Grand Rapids, Mich., to Dr. and Mrs. Mitchell (K. Stewart, T.G.H., 1923) a daughter.

Institute in Nursing

A most successful Institute in Nursing was held under the auspices of the Department of Nursing and Health in the University of British Columbia from April 15th to 18th, 1925.

One hundred and three graduate nurses attended. In addition, the senior classes from the Royal Columbian Hospital, New Westminster, and from St. Paul's Hospital, Vancouver, were present at certain lectures.

Dr. H. E. Young, Provincial Officer of Health, arranged that all public health nurses employed by the Provincial Government should attend. Their travelling and hotel expenses were defrayed and the necessary relief nurses were provided during their absence. Morning sessions were arranged for the benefit of this group at which they had an opportunity of discussing their special problems in private. The remaining sessions were open to graduate nurses in general.

The nurses in attendance were drawn from all phases of nursing service, institutional, private duty, and public health, the latter being in the majority.

The book clinic was more popular than ever and a small poster exhibit, representing the work of children in the Greater Vancouver Schools, created considerable interest.

It is hoped that the increased facilities at the new university site at Point Grey will make it possible to vary and improve further efforts along this line.

The following are some of the addresses given during the session,

all of which proved of great interest and value:

1. **Introductory address:** The President of the University.

2. The Contribution of the Dairy to Public Health. Miss Helen Campbell, Demonstrator and Lecturer, Dairy Branch, Department of Agriculture, Ottawa.

3. The Nursing Care of Radiation Cases. Dr. C. Wesley Prowd.

4. The Health Program in the Schools from the Principal's Point of View. Mr. Alfred Rines, Supervising Principal of the Lord Roberts School. Discussion opened by Miss Mary Campbell, R.N., School Nurse.

5. Impetigo. Dr. T. R. B. Nelles.

6. The Nurses as a Public Health Official. Dr. H. E. Young, Provincial Officer of Health.

7. Recent advances in the Control of Communicable Disease. Dr. E. D. Carder.

8. Some Principles of Public Speaking. Mr. F. G. C. Wood, Associate Professor of English, University of British Columbia.

9. Means of Stimulating Interest in Health. Mrs. D. Bellamy, R.N., School Nurse.

10. Posture in Relation to Health. Miss E. Cotsworth, Physical Instructress, Vancouver Schools.

11. Symposium: Some aspects of the professional relationships of medicine and nursing.

In the chair: Dr. C. H. Vrooman, President, British Columbia Medical Association.

Participating in the discussion: Dr. J. A. Gillespie and Dr. J. H. MacDermot.

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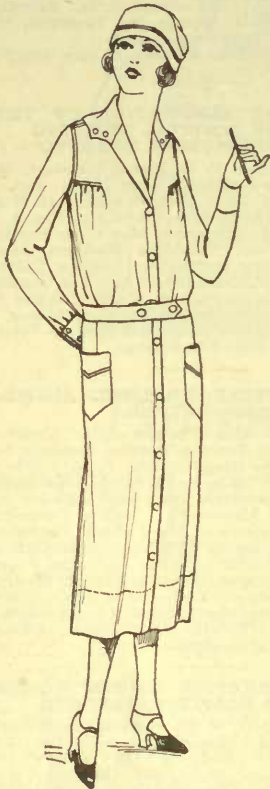
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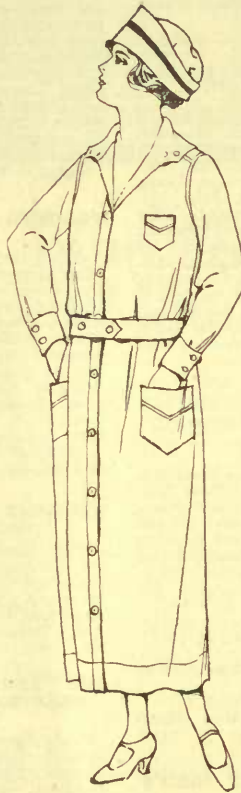
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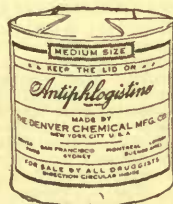
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Some Thoughts on Nursing— General and Mental

By A. T. MATHERS, M.D., Director, Psychopathic Hospital, Winnipeg

PREVIOUS to the great war about the only time the laity or general medical and nursing professions gave much attention to mental disease was when some sensational case occurred in the law courts and in which the question of irresponsibility for crime was brought forward. But military experience forced an interest in individual mental problems. Of the hundreds of thousands of men engaged in that titanic struggle, thousands were rendered inefficient—not because of actual tangible wounds or disease, but because of mental disabilities. These, while rarely amounting to anything approaching insanity, were sufficient to cause an alarming loss of man power and hence drew official recognition. "It is most important that the professional conscience thus stimulated should not be allowed to sink back into anything approaching ante-bellum apathy."

Life, from its very beginning, is a constant struggle between the individual and his environment. The baby is a strict individualist who cares nothing for environment except in so far as it increases or decreases his bodily comfort. He early discovers the things needed for comfort and has his own way of making known his wants in this direction—likewise he loudly rebels against things that cause him discomfort. As life proceeds he comes to learn more and more that a certain amount of compromise is necessary, that some of his soul's aspirations must give way before the pressure of circumstances. However, there is by no

means a complete submerging of individuality—throughout life the struggle for personal advantage, the will to power, continues as one of the strong motives of life, but it is hedged about and not allowed full expression.

The great problem of life is adjustment—the smooth working of part and part and of the whole machine within its setting. Man is a thing of many parts and is himself part of a still greater whole. Stability is the goal toward which he strives, and adjustment the thing to be attained in order that success in the business of living may be achieved.

All individuals fall into two classes—(1) those who succeed more or less well, (2) those who fail more or less badly—the class into which any one person falls depending on just how well he meets his great problem of adaptation. The degree of his success or failure will depend on (1) his constitution or hereditary equipment, (2) the conditioning or modification of these by the forces in his environment.

Nurses and physicians in their daily work deal entirely with maladjustments. In general medicine or nursing the maladaptation is nearly always in the physical field and consists primarily in a breakdown of some one organ. That such a breakdown in one part of the machine must necessarily occasion disturbance of some degree throughout the whole mechanism, will readily be granted if one stops to think about it.

One of the greatest curses of Medicine and Nursing today is the habit of looking at and treating patients as, a diseased heart, an infected gall bladder, a fractured humerus—as the case may be. We habitually treat patients as diseases with an individual tagged on, instead of human beings with a disease added. It is difficult to understand how we have got into this way of viewing our patients, but no doubt excessive specialization in Medicine is, at least, partly responsible. The specialist sees his patient through his own particular microscope and is much too likely to forget about or minimize other things, the echoes, as it were, of the primary complaint. Nursing, travelling as it does hand-in-hand with Medicine, is very likely to view things in much the same way. Attention is too often centred on one organ or system. Sometimes attention is paid to the way in which organs are linked together by the central nervous system or by the powerful substances emanating from the glands of internal secretion. For example, in exophthalmic goitre, attention at first directed to the goitre is now directed to a greater extent to distant but related parts of the body, such as heart or gastro-intestinal tract—but here, too often, the vision comes to an end. The patient is seldom viewed as a whole. Scrutiny of that intangible but all-important thing, personality, is rarely thought of or attempted. How is this patient viewing his illness? How much distress of mind is he suffering from it? How great a factor is fear in his particular case? What domestic and economic difficulties may have contributed to the breakdown and will again destroy good work done if unrecognized and uncorrected? These are questions that should be asked in most cases, and not only asked, but answered. The answer is of as great importance to the nurse as to the physician, perhaps

even greater since she, in her closer, more prolonged contacts with the patient, sees much the physician has no opportunity of seeing and has many opportunities to practise important, even if informal, psychotherapy. There never was an illness or injury of the physical body that did not have echoes and reverberations in the mental life. To remember this, and be guided by it, is of vast importance to patient, nurse and physician.

Each individual meets the difficulties of his life in his own particular way. Some with cheerful optimism, some with savage irritability, some with overwhelming fear and some with blank despair. We, who have recognized the powerful effects of emotion in our own lives, and know how worry upsets digestion, how fear causes disturbed heart action, ought to remember these things and watch for and remedy them in our patients.

The worst of it is there is no rule of thumb to guide us in all cases. We must individualize each patient since with each one the factors causing distress and the physical and mental reactions are different. We cannot be satisfied either as physicians or nurses in asking in any given case—"What is happening to this man's heart, lungs, kidneys, etc.?"—we must ask—"What is this individual trying to do?" Has he actual physical pathology that will account for all his complaints? Has he no physical pathology at all or has he some physical pathology nestling in the midst of a large cloud of abnormal mental reactions?—meaning by this, fear, despair, misapprehension due to incomplete understanding. We cannot pretend to be adequately fulfilling our function unless we categorize our attitude to patients in just this way.

It is all very well for the nurse to know the cultural characteristics of

the typhoid bacillus; to be able to picture to herself its ravages in the intestinal canal, etc.; to be able to properly arrange a Schafer-Coleman diet or apply turpentine stupes. This is scientific and commendable, but it is not enough. Nursing, as well as Medicine, includes more than that. We have simply got to know what else is going on in our patients' life. We must know how he personally is viewing the careening of his frail vessel as it is tossed about on a sea, that is to him, dark, chartless and o'erhung with clouds of foreboding. In other words, we must know something of his personality and how it is standing the stresses and strains to which it is subjected.

And, not only must we know his personality, we must know our own. We must know about our stores of kindness, sympathy and tact and how to tap them. There is, I am sure, no single factor that speaks louder for success or failure in Medicine or Nursing than the possession or lack of "that which inspires faith in a sick man, who as he lies a crumpled wreck, longs for the kindling spark of happiness, the ray of hope to light his darkness." "A cheerful heart doeth good like a medicine." Do we all know of and apply the gentleness, the kindness, that sympathetic and patient attention that does so much to "cleanse the stuffed bosom of the perilous stuff that weighs upon the heart?"

I have said that there is no rule of thumb to guide us in our attitude toward patients. Each patient is different and needs must have a rule of his own. How then are we to know what our attitude should be? We can only be guided by obtaining some general knowledge of how mind and body work. This can only be attained through becoming acquainted with Psychology. The name sounds bad and in other days the appalling dryness of the subject was enough to turn anyone away from it for life.

This was because it really never had become closely associated to the actual everyday facts of life and had become static as it were. Nowadays such a charge no longer can be laid. Psychology has become a living, moving thing, in the study of which we may take interest and even delight in much the same way as a child viewing itself in a mirror. It can be taught so that one is not conscious of great difficulty, and so that a real understanding of the workings of mind can be obtained. And since Mind is simply the sum total of our facilities for effecting adjustments to Life's problems, the importance of its study by people solely interested in bad adjustment surely needs no further emphasis. Nurse, as well as physician, should then have a real knowledge of the basic facts of mental life. These should be taught. To know something of those powerful primitive forces called "Instincts," those unconscious gratifications of Instinct called "Habits," the development of intelligence, the tremendous directing and carrying force of emotion or feeling, the importance of past experience in guiding our lives, will make the nurse not only more scientifically efficient and humane—it will add to her culture and will throw new light on previously poorly understood human attributes. Above all, it will make her tolerant—and tolerance is one thing of which the world at this moment stands sadly in need. There can be, I think, no question of the need for teaching the fundamentals of Psychology to nurses.

So far, in mentioning Psychology, I have meant normal psychology—the activity of normal or average minds. It treats of the phenomena of mental life without reference to deviations. It presents to us a series of descriptions and explanations of what we might call typical or average happenings. We, who have studied text book descriptions of dis-

ease, know that while these help us in gaining an initial understanding of the disease in question, in later days when we come into contact with the actual maladies, they seldom run true to the form given in our texts.

Secondly, the demand of **mentally sick humanity**. For many, many years those afflicted with mental disease were housed in great barrack-like institutions where the charitable minimum of food and shelter was about all they received and from whence they issued more perhaps by the grace of God than anything else. With increasing knowledge of mental disease and serious increase in the actual amount of it, the public have demanded something better in the way of care. We know, and the public through us know a great deal about the causes of mental disease, and that proper medical and nursing care ensure a larger hope of recovery. There is no doubt whatever that the actual number of patients with mental troubles to be cared for is increasing everywhere. It is Miss Nutting who says, "This fact alone makes an undeniable appeal to nurses which through them should eventually react back upon our schools of nursing, for, if these schools are to meet the needs of the times they must carefully study the expanding field in which nursing knowledge is to be applied, enlarging their curricula and adjusting their methods of instruction to include new conditions of disease or better understanding of old ones. The recognition of insanity as a disease seems, therefore, to have brought a new obligation to training schools."

What is the public service that the nurse with added knowledge of mental life and mental disease may perform? It is perhaps the most important of all. I have already remarked that there is a growing interest in prevention on the part of the public and that medical thought and action are more than ever trained in that direction. The knowledge

gained must be given to those desiring it and to those who need it. The only way is by education. It is a duty of both physicians and nurses to see to it that knowledge available and usable by the ordinary man or woman is placed in their hands. Such dissemination should be carried on through all available channels and no one would doubt that nurses and particularly public health and school nurses are among the most valuable agencies by which needed information and instruction can be placed before the public in a simple, direct way. "Nurses enter homes freely, are welcome visitors and often penetrate deeply into the problems of home and family life." "Armed with more definite and wider knowledge of the causes of mental disease and given some specific training in the observation and care of patients with mental disorders, they could take advantage—such as they are not now able to take, of the opportunities which actually lie in their daily paths. It seems probable that a good many unrecognized and neglected patients might be found and placed under proper care, and it seems certain that the influences and environment of children in their homes which are likely to culminate later in producing mental troubles might be recognized, and in some degree changed. From this standpoint alone the teaching by nurses of the vast and far-reaching importance of childish habits may be among the most fruitful of their daily tasks. Nor should we exclude from this obligation the vast army of private nurses, who, going from household to household, may find exceptionally valuable opportunities for presenting in the plainest and simplest way, some of the important facts relating to the production and prevention of mental disease—the chance for prevention which exists, according to Starr, in about 35 per cent. of all cases."—(Nutting.)

In other words, we meet all manner of variations. Then in our daily coming and going we meet and have dealings with many people, none of whose mental processes accurately follow along the lines laid down in text books on Psychology. Here again we see variations and realize that the text book gave us a basic picture only. These variations in people's lives, we may speak of as "personality traits," and they range all the way from slight little individual differences that help us in identifying people and happily relieve what would otherwise be a soul-sickening monotony, to gross differences that lead us frankly to grant that their possessors are very abnormal and must be classified as insane, feeble-minded, etc. What I want you to see is that there is no sharp delimitation between the normal or average mind and the abnormal or diseased mind—simply gradation. The nurse is going to be brought very closely into the lives of her patients and it seems essential that not only should she know something of normal mental life, but also something of abnormal mental life. Sooner or later she is going to meet in with a real example of the latter. Here again, knowledge of abnormal psychology will not only add to her efficiency, it will increase her interest in her patient and broaden her outlook. As a citizen of the world she will see behaviour, either private or public, that will at once suggest abnormality in the participants. She will recognize the results of emotion run wild, of massive knowledge coupled with puny wisdom, or poor judgment, etc. In these days of rampant democracy, when more than ever the ancient fallacy of equality among men is used as a shelter for the inefficient, the selfish, the inadequate, she will see many examples of the activity of abnormal personalities in all walks of life, in some, unfortunately, where the tragic effects are not confined to the perpetrators

themselves, but afflict others with better balanced lives. Time and again the nurse will come face to face with serious mental disorder, either as such, or as a complication of some diseases she is called upon to care for. I do not see any way by which she can ensure that she will not. From some knowledge of normal and abnormal psychology, she ought then to pass logically to a short consideration of the commoner groups of abnormal mental symptoms that have earned for themselves definite names. I may tell you that there are some twenty or twenty-five such groups. That she should become acquainted with all is, of course, unnecessary and would be a wasteful addition to her already heavy curriculum, but of the more important, she certainly should have knowledge. You have good reason and right to ask why. The obligation, we may say, rests upon three bases: (1) the nurse herself, (2) mentally sick humanity, (3) the great public now asking more than ever before for advice and direction as to prevention. It is a truism that while the last century has seen great effort directed toward the understanding and treatment of disease, the primary work of the next century will be Prevention or Prophylaxis.

Let us look carefully at the claims of each of these groups:

First of all the nurse herself. Perhaps we have already said enough about the advantages to the nurse of her knowing something of normal mental life, of abnormal mental life and actual mental disease. It is after all only a matter of her personal advantage—her work will be better—not only more scientific, but more humane, and her knowledge of life generally will be enlightened and made more useful to her. She will meet the emergencies of her practice not with agitation and diminished confidence, but with the calm assurance that comes from knowledge and ensures better work.

Perhaps I have made a case for some training of nurses in the facts of normal and abnormal mental life.

The machinery for carrying it out is the next consideration, and here we find ourselves faced with difficulties. Where will the training be obtained? Two agencies suggest themselves: (1) Psychopathic Hospitals in connection with General Hospitals having Training Schools; (2) utilization to a greater extent of the vast materials and opportunities presented in provincial Mental Hospitals.

At present only one General Hospital in Canada has affiliation with a Psychopathic Hospital. The student nurses from the Winnipeg General Hospital come to the Manitoba Psychopathic Hospital for a minimum of two months. Here they obtain, first hand, training in the observation and care of mental cases. A selected number, limited by rather small facilities, are given a third month during which they work in the Occupational Therapy and Social Service Departments, not with the idea that they may pick up much in the way of technique, but in order that they may gain some insight into the wonderful therapeutic value of controlled occupation and also some knowledge of the social background upon which mental disorder arises. I would summarize our experience by saying:

(1) Nearly all nurses are interested in and enjoy the training. A few prove unsuitable, but this is to be expected. Many openly state their interest and even ask for further opportunities.

(2) Our patients are direct gainers by reason of this interest.

(3) Private duty nurses able and willing to care for mental patients, once absolutely unobtainable, are now available.

(4) There has appeared in Manitoba a group of nurses trained in

mental disease and acting as enlighteners of the public.

Doubtless other Psychopathic Hospitals will appear. The new one in Toronto opened in February, and will likely provide training facilities for students from one or more training schools for nurses in Toronto.

I am sure more advantage might be taken of the provincial Mental Hospitals. I am aware that most nurses have a deep-rooted objection to these institutions, which might have been justified once, but I am sure is so no longer. In any case, granting that there might be grounds for looking down on the work of these hospitals, could there be any better way of raising the standard of care than by establishing training schools for nurses and providing affiliations with General Hospital Training Schools.

This has been a long paper. I hope it has not wearied you more than most papers do. I have tried to give you my thoughts on the question of the importance to the nurse of knowledge of and training in mental life, normal and abnormal.

I leave the matter in your hands, knowing that from you it will gain just and kindly care. I might make bold to put forward a suggestion that in your desire to be scientifically efficient, you do not forget to be whole heartedly human—that while you practice your profession, you will turn your thoughts and aspirations to Life, seeking to unravel and adjust your own problems and motives that you may better help others to unravel and adjust theirs—that while you study the Science of nursing, you will not forget the Art of nursing. There is in it an intensely human factor that microscopes, test tubes, etc., can never touch. Medicine and Nursing must pay attention to this—must regain that most blessed attribute of Medical and Nursing Art—a keen understanding of the whole individual patient.

As servants and advisors of the public it is our duty to study carefully all the facts of both individual and disease and to base our opinion and aid on these facts, unbiased by habit training or the conservation of tradition. Herein lies Art.

It is Conrad who said, "All art is long and life is short, and ultimate complete success seems very far off. And thus doubtful of our strength to travel so far, we talk a little about

the aim of all art, which like Life itself is inspiring, difficult and often obscured by mists. It is not in the clear logic of a triumphant conclusion, it is not alone in the unveiling of one of those heartless secrets which are called Laws of Nature. It is not less great—but only more difficult."

(Read at the Annual Convention, Saskatchewan Registered Nurses' Association, Moose Jaw, April 16, 1925.)

What Do Growing Children Need?

Every child has the right to be well born, well nourished and well cared for.

Child-welfare experts agree that the essentials for the child's best growth and development are: a well-kept home; wholesome food and adequate clothing; training in good personal habits for future health; play with the right sort of playmates; the opportunity for education and the kind of work which will best prepare the child for successful living.

The child's home should be clean and attractive. There should be plenty of fresh air and sunshine, summer and winter. Each child should have, if possible, a separate bed. Good sanitary arrangements and a pure, abundant water supply are essential.

The child's food should be clean, simple, appetizing, and well cooked, with at least a pint of milk, some form of fat (preferably butter), cereal and bread, vegetables both starchy and green, fruit, and eggs, meat or fish, included in the daily diet. Regular hours for meals, with dinner at noon for children under 7 years of age, are best for growing boys and girls.

Children need clean, whole garments and enough of them to afford a change of underclothes and night clothes at

least once a week. Warm underwear and stockings, a heavy coat, cap, and mittens are necessary for cold weather. Feet should be well protected against rain or snow.

Children need to be taught the essentials of personal hygiene. A daily bath, the washing of hands and faces before each meal and at bedtime, the brushing of teeth at least twice a day, are the routine of personal cleanliness. Health also demands a regular bed hour with ten hours of sleep at night with open windows.

Play and companionship are as necessary for a happy childhood as shelter and food. Children need safe, clean, roomy places for outdoor and indoor play, with constructive and suitable playthings and tools. Wise parents will make friends with the friends of their children, helping them to choose the right sort of playmates.

Every child should have schooling for at least nine months a year from the time he is seven until he is 16 years old. Not more than two hours of "chores" outside of school hours should be required of a child and vacation work, if any, should not deprive the child of ample time for rest and recreation.

— Editorial —

It is distinctly interesting to observe in the various educational publications of Canada and the United States the increasing attention given to health as a school subject. That we need to be taught how to be well quite as thoroughly as we are taught how to read and write, is now recognized by the vast majority of leaders in education. Even in this day of the great cry of the over-burdened school curriculum, no one has yet suggested that health be one of the subjects to be eliminated. On the contrary, it is being demanded as an essential. The American National Education Association's Commission on the reorganizing of secondary education, in outlining a list of seven objectives as a basis of curricula study, places health first in the list. Not only is the teaching of health being made a live subject, but more and more attention is being given to the school plant and the school schedule in order that the child's health may not only be improved but may also be protected. With Normal schools recognizing the importance of sending out teachers equipped for health teaching and with teachers themselves displaying a keen interest in and enthusiasm for the work, one feels somewhat optimistic concerning the future physical well-being and the health practice of the children who are today filling our public schools.

Physiology and Hygiene as text book subjects have been school subjects for many years, but the study of health as a vital thing, a real part of the everyday life of the child, something which he gains or loses by his own efforts and the joy of which he alone can realize, has come to us only within the last few years. To

what shall we ascribe this sudden awakening on the part of those interested in the preparation of the school curriculum? To a great extent, no doubt, to the wave of interest in health matters which followed the years of 1914 to 1918, a wave of interest which was felt all over the world. But surely the work of the public health nurse has been in no small measure responsible. Through her work in various communities, rural and urban, when real health problems of all types were brought to light, through her work with pre-school and school children, and through her serious endeavor to find a solution for the problems, there has been developed in the public an appreciation of the fact that "there can be no permanent gain in the health of a community until the essential laws of health are known and followed by all the people." Naturally, then, they are confronted with the task of educating the public in health matters.

But does all the responsibility of pointing the way to health rest entirely with the teacher in the school, and with the public health nurse? Are we as a nursing profession not faced with an equally great responsibility and with an equally great, perhaps greater, opportunity? One is tempted to wonder whether we do not leave the matter with rather complacent satisfaction to the public health nurse. It is a recognized part of her work—this spreading the gospel of prevention, this health education, and too often we are content to leave it with her. We are inclined to interpret too narrowly the term "health education," thinking of it as something complicated, something connected with actual class instruc-

tion, something concerning schools, instead of really the very vital part of the service of the nurse. "To cure is the voice of the past; to prevent is the divine whisper of today." Surely no nurse, conscious that she has the knowledge needed by others in their search for complete living, can think of her work only in terms of caring for the sick to the exclusion of the necessary instruction as to prevention and feel that her task is complete.

The student nurse in close touch with her patients may get her first experience in health teaching. Her scrupulous regard for cleanliness, her thought for the open window, the comfort she gives to insure rest—what valuable lessons she teaches by what she does. A few words, timely spoken, might impress the point so that it would never be forgotten. Perhaps, too, the student nurse is herself feeling for the first time the health value of a properly regulated schedule. If she is, her enthusiasm will be reflected in her real desire to teach.

But the nurse who may be, and indeed frequently is, the greatest of

health teachers, is the private duty nurse. Hers is such close contact and usually for a period of time, not only with the patient but what is much more important, with the family as well. She demonstrates, of course, in her care of the patient and in the care of her own health, but she has also boundless opportunity to actually point out, it may be to the mother, it may be to the older children, all the essentials of healthy living, the principles of nutrition, the simple but important points which govern the control of communicable disease. She is an authority in the household—her influence is great. Not even the public health nurse has a greater opportunity for real service in this regard. The public is eager to know; the nurse has the knowledge and may, if she will, with very little effort help many toward the way of "health essentials."

If our slogan were "Every nurse a health teacher" what might we, ten thousand strong in our own country, accomplish within the next few years? Surely it is a part of our privilege and duty to work in this way toward "A permanent gain in the health of the community."

First Congress of Nurses of Middle and East Europe

The oft-repeated phrase, "There are no frontiers in nursing" we have heard so many times that it has almost passed into the region of jargon. Nevertheless, the truth of this statement came home to more than one Anglo-Saxon nurse with a force which had never been realized before at the Nurses' Conference, held in Vienna during the week of May 11th.

At this conference there were nurses from Austria, Hungary, Germany, Czecho Slovakia, Poland, Bulgaria, Greece, Roumania and Jugoslavia and nurses from England, Belgium, Finland, the United States and Canada were welcomed as guests.

The thing that impressed the on-looker most keenly was the fact that the solidarity of our common profession was able to transcend the feeling caused by the late war. This is more remarkable among the representatives of recent enemy countries adjoining each other, than among those separated by the Atlantic Ocean. Complete harmony reigned in the meetings except at one juncture where an Austrian doctor criticized a statement made by a German nurse. It did one's heart good to see all the nurses rally to her support.

It was a large conference too. Three hundred and twenty nurses

registered and many more attended the meetings. It is quite impossible for Canadian nurses to realize what sacrifices were involved in order to attend it, as the nurses from most of the countries represented are paid on an almost incredibly low scale. All the same, they were all well groomed, even if some blue serge suits had done duty for seven years. There were many ladies of aristocratic birth, yet one group subsisted on two meals a day during the entire conference. Possibly it was because of the sacrifice involved that the tone of the meetings was one of inspiration from beginning to end.

The programme was so arranged that subjects of interest to both hospital nurses and public health workers were intermingled. In some of these European countries public health work is done by people who are not nurses and is carried on as a part of general social service work. Therefore, the bringing together of the hospital nurse and health visitor in one congress proved to be mutually helpful. It was said of the generalized health worker who does

social work that her position requires her to be "three-fourths of a doctor, half of a teacher, half of a jurist, and a whole mother."

The problems discussed sounded strangely familiar: "How should theory and practice be correlated?" "The needs and opportunities for post-graduate work;" "Should bedside care be included in Public Health Nursing?" "How can hospitals be induced to have Social Service Departments?"

The meetings were held in the Hofburg, formerly the State Palace of the proud Hapsburgs. The dignity of the setting was most fitting. The poise and charm and keen intelligence of most of the members made one proud to belong to the same profession. There was also no dearth of nimble wit and the difficulty was in closing a discussion rather than in starting one. Throughout there was a spirit of fair play.

A unanimous request was sent by the conference to the Nursing Division of the League to arrange a similar meeting two years from now.

Miss Livingston

Pioneer in Canadian Nursing and Founder of the Montreal General Hospital Training School for Nurses

By E. FRANCES UPTON, Reg.N.

(Concluded)

Extracts from Reports

The following extracts from reports of Governors' meetings and newspapers will convey better than any words of mine the steady progress made in the early organization of the Training School.

"The School was organized for work on April 1st, 1890, and a formal public opening, at which the Governor-General and Lady Stanley con-

sented to be present, took place on December 11th following. There were thirty-eight pupils during the year; weekly lectures were given by the members of the Medical Board and the Resident Staff, besides daily instruction by the Lady Superintendent. The working of the School has been eminently satisfactory, and the nursing in the hospital has been brought up to a high standard."

The Governors' report for 1891 reads as follows:

"Since the day of its foundation, the old Montreal General Hospital has never been in such an efficient condition. Within the last twelve months changes have occurred here and there which give the impression that the venerable institution has aroused from its Rip Van Winkle condition and wishes to show that it has merely been drowsy and is not yet moribund. The Outdoor Department has been greatly enlarged and extended. The nurses' old quarters on St. Dominique Street have been converted into rooms for the use of specialists and others.

"In the wards great changes are observable; they are cleaner, brighter and have a more business-like appearance than they ever had before.

"The nurses appeared in the new Montreal General Hospital uniform for the first time on Sunday, June 22nd; a composition of pink and white gown, with a neat cap and badge, all esthetic and antiseptic. The house staff are turned out in white patrol jackets, and everything is as bright and clean as on a man-of-war."

The report of the medical superintendent stated that "apart from the opening of the Training School for Nurses by the Governor-General and Lady Stanley, the only other important event in the history of the hospital has been the trial of what might revolutionize the treatment of tubercular disease, the lymph manufactured by Dr. Koch of Berlin.

"The Training School for Nurses under the management of Miss Livingston has been in satisfactory operation throughout the year. The average number in attendance has been between forty-five and forty-eight, which represents the full capacity of the accommodation. A public meeting was held in April at

which eleven nurses received diplomas. The graduates of the School are continually sought for and find constant employment in the community, amongst whom they are becoming quite a feature.

"The Training School for Nurses has continued throughout the year, as the following figures will show: Three hundred applications for information have been received; forty-five probationers have been admitted, thirty-six of whom continued in training; and twenty-three nurses have graduated during the year."

It must have been very gratifying, and is worthy of note, that in the second year of the history of the Training School the number of applicants registered three hundred.

The Diet Kitchen

The first Diet Kitchen was opened in 1896. Mr. Wolferstan Thomas had a dietitian brought out from England to give lessons to the nurses, who demonstrated while the nurses sat by. This scheme proved to be very unsatisfactory, and many were the complaints against the food. One patient for whom a doctor had ordered "a little slice of turkey, and a glass of champagne" was served the leg of a goose, and champagne in a tooth-brush mug. Miss Livingston asked the Committee if they would allow her to have a special kitchen where food for private patients could be prepared. They would not hear of it for a time, but eventually granted permission to make a trial. Miss Gracie Livingston, who had received her education in France, was appointed Dietitian in the Autumn of 1897, and retired with her sister, leaving the dietary department which she had created a leading feature in the successful administration of the hospital. The staff at the time of her retirement in 1920 consisted of eight student nurses, who were receiving excellent instruction in nutrition, cookery, and household science.

The Nurses' Quarters

Through Miss Livingston's efforts, funds were raised and the Jubilee Nurses' Home built, after having approached her ever-helpful friend, Mr. Wolferstan Thomas, and placing before him the necessity for proper housing accommodation for her School. The nurses were at this time living on St. Dominique Street, near the hospital, in a most undesirable old house. Mr. Thomas gave a dinner party at which he announced his intention of raising enough money to build the home requested by Miss Livingston. Lord Lister, who was in Canada at the time, attending the meeting of the British Medical Association, kindly consented to lay the corner stone, which was done with great *éclat* in 1897: the Jubilee year of Queen Victoria, from which fact the home received its name.

Granting of Certificates and Medals

Certificates and medals were granted to those students remaining after Miss Livingston's arrival at the end of one year's training. This was necessary as the hospital would otherwise have been left filled with patients and no nurses. During her second year the training was raised to a term of two years, except for pupils under twenty-five years of age—who were required to remain three years; the complete three-year diploma being issued in 1894. For many years the nurses were required to pay for their gold medals after earning them, until the late Mr. James Crathern undertook to pay for them personally during his term of office as President. Since that time they have been provided by the Committee of Management.

Miss Livingston's Achievements

Miss Livingston's tremendous work was done at home. She did not attend conventions, but sent her

representative, remaining personally at the helm of things. She was a great reader always. By her splendid physical and mental poise, her breadth of intellect, sterling character and attractive personality, we can readily understand her eminence as a leader. She was an expert in her own beloved art.

Those nurses who have lived through any or all the three decades during which she was actively engaged in pioneer and educational work—"praise her." Those whose good fortune it has been to have trained under her—"praise her." Those who now train in the School she founded, yet have not known her—"praise her." Canada can well be proud of her because did she not help in its up-building? The nursing world internationally owes her a debt of gratitude which cannot in any better way be paid than by following in her lead. The manner in which this righteous and noble woman "stood to her guns" and held her head high under extreme opposition and force of adverse circumstances, has, in a measure, made possible the advantages of to-day's modern Training School.

Miss Livingston raised one great Canadian hospital out of degradation and misery to a height that Canadians can well be proud of, and during her career equipped six hundred and thirty-seven graduates with the tools with which to work, so that they might go into all corners of the earth and by their work preach her gospel of good fellowship among the sick. To her belongs the credit of the "first preliminary class" in Canada, achieved in 1906, the "first probationers' uniform" in America, and the first "three-year course" in America. She fought for, and secured, the "first instructor" for Nursing Schools in Canada. This met with so much opposition from the Board that it would have been utterly impos-

sible had not one member undertaken to finance the enterprise for a time. The School has been registered in New York state for twenty-two years. Miss Livingston's vision took her beyond to-morrow; she could see years ahead. In 1908 the nurses in Quebec Province were persuaded by her efforts to defer the presentation of a Bill for the registration of nurses, which was unworthy of them, before the province was ready for one at all.

At her suggestion in 1908 a fund was started by Mr. Sherringham Shepherd, who donated \$5,000 for the purpose of supplying convalescent care to student nurses recovering from illness. This fund has steadily grown and has proved to be of inestimable value to many who would otherwise have lost such valuable care. The fund is "in trust" and is called "The Sherringham Shepherd Fund." In 1920 it was raised to \$10,000 by further donations from the original benefactor.

The following figures will give an idea of the growth of work during Miss Livingston's administration of the hospital:

| Year | No. of Patients treated | | Staff | |
|------|-------------------------|---------|-----------------|----------------|
| | Indoor | Outdoor | Graduate Nurses | Student Nurses |
| 1890 | 2329 | 23,898 | 3 | 38 |
| 1919 | 5798 | 88,288 | 18 | 128 |

Assistants to Miss Livingston during her career were: Miss Quaife, graduate of New York Hospital, deceased; Miss Collyer, graduate of New York Hospital, married; Miss Davis, graduate Addenbrook's Hospital, Cambridge, England, deceased; Miss Hall, graduate Montreal General Hospital, deceased; Miss McLean, graduate Montreal General Hospital, now St. John, N.B.; Miss

F. M. Shaw, graduate Montreal General Hospital and Diploma Teachers' College, Columbia University, New York (The first instructor preliminary course Nurses' Training Schools in Canada), now Director School for Graduate Nurses, McGill University, Montreal; Miss S. E. Young, R.N., R.R.C., graduate the Montreal General Hospital, now Matron and Director Training School, Montreal General Hospital; Miss F. E. Strumm, R.N., graduate the Montreal General Hospital, now Assistant Matron, Montreal General Hospital.

In 1902 Miss Livingston was offered the position of Superintendent of the School from which she had graduated. She visited the New York hospital, but decided that her place was in Montreal, where she had commenced and not yet completed a noble career, and declined the offer.

Nurses of Canada, let us pray for the good health of this, one of our beloved leaders, who has done so much for each and every one of us, by her own good example and self-sacrifice. May the eventide of her well-spent life be comfortable and happy, and may she be spared to continue to watch the workings of our modern nursing world from her charming apartment, in company with her devoted sister, who has been such a tower of strength and support to her during her days of activities and of ill health.

"To Miss Livingston is due, not only the efficiency of the nursing department of the Montreal General Hospital, but the high tone and standard of nursing to-day in many parts of Canada." (History of Nursing: Nutting & Dock. Vol. IV.)

"To you, from failing hands, we throw The Torch; be yours to hold it high."

(Extracts from an article written for the Montreal General Hospital Alumnae Association.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

Preparation of a Patient for an Abdominal Operation and the After Treatment of Abdominal Surgery

By ANDREW S. MOORHEAD, M.B., F. R.C.S., Eng.

1. Preparation of the Patient:

To prepare the alimentary tract for the patient to be given an anaesthetic. The diet should be a light supper and no breakfast except a cup of tea or coffee. The night the patient is admitted, give him an ounce of castor oil. He should be admitted to the hospital two days before the operation. Give him an enema three hours before the operation.

To Prepare the Abdomen:

The night before the operation shave the whole front of the abdomen and wash thoroughly with hot water and green soap, using a gauze sponge for rubbing in preference to a nail brush.

Swab the area with ether to remove all the fat particles and follow this by alcohol, then paint the same area with picric acid two and one-half per cent. After this has dried, cover the area with a sterile towel which is held in place by an abdominal binder.

If the patient is an adult (male) give him a quarter grain of morphine, and one one-hundred and fiftieth of a grain of atropine; if the patient is female give her one-sixth of a grain of morphine and one one-hundred and fiftieth of a grain of atropine, three-quarters of an hour before the commencement of the anaesthetic. It has been found that this prevents nervousness, the patient takes less anaesthetic, it prevents mucus collecting in the air passages and it also reduces the vomiting after operation.

2 The Treatment During and After Abdominal Operations:

During the operation the room should be about 80 to 82 degrees Fahrenheit and the patient must be kept covered except that area which is needed for the operation. If there is any sign of shock the patient should be given normal saline interstitially. While the patient is in the operating room the gatch-bed should be prepared, especially being well warmed with hot water bags, which should be removed before the patient is put into the bed. A nurse should be placed in charge of the patient and not allowed to leave his side until the patient is conscious and she should have ready on the table at the head of the bed such necessities as tongue forceps, a long pair of forceps and some mouth wipes. Any mucus that collects in the pharynx should be wiped out to prevent the inhaling of this material down the air passages. As soon as the patient is conscious the gatch-bed should be raised one notch as this has three distinct advantages; first, the patient breathes more easily; secondly, it relaxes the abdominal muscles and relieves the pain from the wound; thirdly, if there is any pus in the abdomen it will drain down toward the pelvis and most likely this will be the position of the drainage tubes.

The patient should be given enough morphine to relieve the pain and produce several hours of sleep daily for the first three days. The diet for a few days should consist of

fluids. If the patient is vomiting and unable to retain the fluids, he should be given interstitial salines either alone or combined with two and one-half per cent. glucose. The bowels should be moved the day following the operation by an enema, and the same night a purgative administered, preferably one ounce of castor oil.

3. Some of the Commoner Complications Following Abdominal Operations, and their Treatment.

(a) Shock.

(b) Acute Dilatation of the Stomach.

(c) Paresis.

(a) **Shock** is recognized by falling temperature, increasing pulse rate, decrease in the blood pressure combined with rapid respiration and cold clammy skin.

Prevention: To prevent shock, keep the patient warm during the operation. Handle the intestines as little as possible and see that the operation consumes as little time as possible.

Treatment: Elevate the foot of the bed, and raise the temperature of the patient by applying heat in the form of hot water bags, etc. Increase the blood pressure by giving interstitial salines and keep the patient as quiet as possible by the administration of small doses of morphine.

(b) **Acute Dilatation of the Stomach:** There are a great many

theories put forward as to the cause of acute dilatation of the stomach, but none of them have been absolutely proven to be the only cause.

Treatment: The moment you recognize that the patient has acute dilatation of the stomach, pass a stomach tube and wash the stomach out at least four times in twenty-four hours. Place the patient in a prone position. Administer enemata and follow each enema by one c.c. of pituitary extract and one one-hundred and fiftieth of a grain of eserine.

(c) **Paresis:** Paresis of the small and large intestines causes distension of the abdomen which is readily recognized by a surgeon.

Treatment: Apply heat to the abdomen either by electric pad or by linseed poultices. Give an enema every four hours followed by 1 c.c. of pituitary extract. Also, at the same time administer some form of laxative by the mouth. If the patient has paresis accompanied by vomiting, it is a very good plan to wash the stomach out and at the end of the lavage leave an ounce of castor oil or two ounces of magnesium sulphate in the stomach. If the patient keeps vomiting these laxatives, one-quarter of a grain dose of elaterium will be of great value because it is absorbed very readily, often before the patient has time to vomit it.

Preparation of Patient for X-Rays

By DR. R. REID, Radiologist, St. Joseph's Hospital, Toronto

Examination of Gastro-Intestinal Tract.

The preparation a patient receives for the examination of the stomach and intestines is most important.

The examination by means of the Gastric Series commonly means an examination by use of a motor meal. That is, a meal or drink with a substance opaque to the X-Ray mixed with it. Barium Sulphate is the substance commonly given—4 ozs. to

two glasses of buttermilk, or malted milk, cocoa or even water.

No preparation for this examination is necessary except that the patient comes fasting, no meal or liquids being given for at least eight hours before the examination. Clothing with buttons should be removed and a kimono or sheet thrown over the shoulders. The next examination is usually made in six hours. The patient having no food or drink

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Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

Staff Conferences from the Point of View of a Graduate in Charge of a Ward

By GERTRUDE JACKSON, Reg.N.

One chief value of staff conferences is, I think, the solving of problems which are common to all departments. Members of the nursing staff are often more or less reticent about bringing their difficulties to the meetings and discussing them before a group of people; but we should realize that in all probability other departments are having the very same difficulties and that by open discussion a number, and in many cases the majority of those present are benefitted. Also, as each one probably looks at the problem from a slightly different angle, by free discussion an all-round view of the subject is obtained at the time, and the discussion is made easier and fairer to all than if each one discusses the same problem individually with one's superintendent.

Another advantage is that we are better able to maintain uniformity in method of teaching and practical procedure, which is recognized as of primary importance in the training of nurses. Of course the practical procedures are taught first of all in the class-room but we often find that the student nurses are apt to forget the details, especially if they have not had the opportunity of carrying out the procedures shortly after having them in the class-room, or they may insist that they have been taught quite differently. At the meetings attended by instructors and ward graduates, an opportunity is given for correcting or preventing such mistakes.

When our conferences were first held we found in many cases quite

a difference in the various departments in the methods of carrying out the same procedures, which tended, of course, to confuse the nurse as she was moved from one department to another. The result of frequent discussions on these points led to a copy of the details of each procedure being placed in the wards for reference. We found this of very great benefit in checking the nurses, and of assistance to ourselves.

Materials used and methods employed change from time to time, and by discussing proposed changes first at the conferences undesired correction of nurses is often avoided.

Some of our conferences are given over mainly to the solving of minor problems in our daily work, and at other times a paper has been read by one of the staff on some unusual case of particular interest, or on some new method of treatment. This is indeed helpful as it keeps those in charge of surgical wards in touch with the latest medical treatment, and vice versa. At others, again, heads of departments have given us talks explaining the objects of their departments and the methods employed in administration and suggestions as to ways in which the wards may co-operate with them. Personally, I remember in particular an address given at one of our meetings by Miss Davidson, who is in charge of our Social Service Department. The work being done in that department has meant infinitely more to me since and I can see how,

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Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Records for Public Health Nursing

By FRANCES KING, Reg.N.

It does not take much experience in public health work to show that records are necessary, but it takes a great deal of experience to discover what form these records should take. We have been planning and experimenting for several years and are still very far from feeling that we have developed forms which are satisfactory from all points of view. These articles, therefore, make no pretense of outlining solutions that are final; they merely represent the results of our experience up to the present time.

The field which is covered does not include bedside nursing or treatment, but limits itself to the teaching of health and the prevention of illness. The work is done in the homes, the schools, and child health centres. It originates in home visiting; in the wards and out-patient departments of the hospitals; from reports of communicable diseases, including venereal diseases and tuberculosis; and from birth registrations.

Records have two functions. They must indicate the progress made toward improving and preserving the health of the community, and they must aid the nurses in their work with the individual patients.

Mortality rates, particularly for infants and communicable diseases, are generally accepted as indicating the status of a community's health. In order to supplement and explain these rates, the nurses' records must provide certain statistics, such as the percentage of babies that are breast fed; the number of children attending the child health centres; the

number of venereal diseases and tuberculosis contacts sent to the physician for examination; or the type of the problems dealt with during home visits.

Records for Public Health Nursing

Statistics to be of value must be definite and not general. Take for example the last item in the preceding paragraph. A statement of the number of persons under supervision and the number of calls made during the year is of little value unless it also shows the kind of problem encountered together with some indication of the action taken and its results. All such statistics can be secured from the nurses' records for the individuals, and represent to the public the sum of her work. When she is devising a record, she should keep in mind what statistics she wishes to accumulate, and should arrange her form so that she may gather them with the minimum amount of exertion. From the nurses' point of view, the health of the whole community seldom depends upon work on a large scale—for her, it is meeting the needs of a thousand and one patients. The patient is the mickle that makes the muckle. Her main consideration then, when making a record, is the needs of the individual patient.

A record must be easy to write, and easy to refer to. It must supply adequate information without being cumbersome. It must take the place of memory; a worker should not have to burden her mind with details not immediately needed. In order to be useful, it should show

in a plain and comprehensive manner, what has been accomplished and what remains to be done.

Before drawing up a form for the printer, it is well to consider what might be called the mechanics of record making; that is, such matters as files, or the arrangement and size of the form itself.

Card cabinets come in three standard sizes, with trays for cards 5" high by 8" long; 4" high by 6" long; or 3" high by 5" long. Of the three, the 5"x8" and the 3"x5" are most generally used. If all forms are made to file in standard size cabinets, they are interchangeable, more convenient to handle, and more economical. Papers, cards, and printers' inks have a wide color range, so that different colors can be used to distinguish various forms. Dark colors, which will not show red or black ink well, should be avoided.

Files may be arranged in three ways, alphabetically, numerically, or chronologically. The alphabetical file is the most convenient for histories. If the file is large, it will save time in finding histories if they are in strict alphabetical order, which means that the entire spelling of the surname must be considered. Atkins must come first, Atkinson second, and Atwater third. If there are a number of families of one surname, it is better to have the addresses for each surname in alphabetical order also; Atkins, Main Street, first, and Atkins, River Street, second. This is preferable to filing by Christian names, as the surname and address are generally better known. If the file is small, it is sufficient to group the histories under the first letter of the surname.

A numerical file is convenient for correspondence, particularly when it is desired to file letters from a number of different persons, or on various subjects, in one folder. The folders are numbered and kept in numerical order. An index, generally

on 3"x5" cards, is kept with a card for each person or subject, bearing the number of the folder in which the letters may be found. This index is kept in alphabetical order.

A chronological file is for the purpose of bringing matters up for attention on certain dates. At least two sets of guides are necessary, one set numbered from 1 to 31, for the days of the month, and the other marked with the names of the months. Notes are placed behind the date on which the matter is to receive attention. Each morning the notes for the day are taken out, and the guide moved forward to the next month. Such a file, whose colloquial name is the "tickler," is invaluable for follow-up work. Its disadvantage for general filing lies in the fact that because of the difficulty of locating them, no papers can be filed in it which are likely to be needed before the date scheduled for their appearance. If the nurse wishes to use a tickler in connection with her home visiting, it is necessary to make a duplicate record, so that the history can remain filed in its proper place, ready for quick reference. This duplicate needs to carry very little information—the name and address of the family are often sufficient.

There are on the market a number of filing systems, which in each case have certain advantages. All are based upon a variation or combination of the systems described above.

The visible index has come rapidly into favor for certain types of work requiring frequent or very speedy reference. The cards are laid flat on panels or in shallow trays, with the bottom line of each card showing. On this line the name is written, so that the eye can run over the tray as it would over a list in a book. These cards can be arranged in any order desired. Additional entries upon them can be made easily. Their use for us is limited by the amount of space they require, but for small

files containing very active matter they are excellent.

A cross index is a file carrying very little information itself, mainly used for helping to locate the complete record. A street file referring to family histories is an excellent illustration. A card is made for the address of each family under supervision carrying the name and number of the street, and the surname of the family. Other families living at the same address, now or previously, are added to the same card. The cards are filed in alphabetical order of

streets, the numbers under each street being in numerical order.

In an alphabetical file, names of the same sound but of different spellings should be filed together. For example, Carpak should be filed under K with Karpak, and Wines-tein with Weinstein. A cross index card should be used in each case; under C should be a card bearing the words "Carpak—see Karpak."

(The next article will suggest forms for family and individual histories, return reports, and daily work reports. Miss King is the Statistician, Department of Public Health Nursing, Toronto.)

Maternal Care in Ontario

By MARGARET DUFFIELD, Reg.N.

In endeavouring to compile the necessary statistics for this paper, I have been shocked at the conditions revealed to me by the reports which I have received. Ontario is in a deplorable state in regard to the maternal mortality rate, and the mortality rate is the standard by which our efficiency in this work must be judged.

I will start with the year 1921: Population of Ontario (actual), 2,981,182.

No. of women of marriageable age, 677,496.

No. of births—excluding S.B.'s, 74,151 (25.3 rate per thousand live births).

No. of infant deaths, 6,762 (91.3 rate per thousand live births).

No. of deaths assigned to pregnancy or childbirth, 387 (5.2 rate per thousand births).

In the year 1922 we had a decreased birth rate and infant mortality rate with a stationary maternal mortality rate.

The year 1923 also showed a decreased birth rate, but an increased infant mortality rate and maternal

mortality rate: this showing a low birth rate and relatively high death rate.

In comparison with the other registered provinces we rank as third lowest—but this is nothing to brag about as, with the exception of Prince Edward Island, all the provinces have a high maternal mortality rate. Let us instead compare ourselves with some of the Western European countries, such as:

| | |
|-------------------------------------|------------|
| Denmark, with a rate of 2.0 in 1922 | |
| Netherlands | 2.5 " 1922 |
| Sweden | 2.5 " 1921 |
| Italy | 2.6 " 1916 |
| Switzerland | 2.9 " 1920 |
| England and Wales | 3.8 " 1923 |

and so on until we find ourselves somewhere near the bottom of the ladder.

Yet these countries had no better facilities for this work than we have, but the country itself, realizing the danger which faced it, took the problem in hand and gave intelligent co-operation to the medical profession in their endeavours to relieve this wastage in the principal source of increase of population.

Totalling up the maternal deaths occurring in the years 1921-22-23 I find that 1126 women have lost their lives in what should have been, in satisfactory circumstances, a natural function. And this is not all, for there is that immense number of women who, owing to insufficient care, are made invalids for life, or lose a great part of their economic value, or become sterile due to injuries received, or disease acquired in endeavouring to fulfil the function of motherhood.

Our attempts to combat this increasing mortality rate and bring better service to our mothers so far can be summed up in the following:

| | |
|---|-------|
| | 1922 |
| Hospital accomodation for | |
| Maternity cases | 1,185 |
| No. of Victorian Order nurses | |
| in field | 135 |
| A certain number of Red Cross | |
| nurses and outposts. | |
| No. of doctors in active practice | 3,000 |
| No. of registered nurses (only | |
| a very few of which do this | |
| work) | 7,542 |

This is the professional aid.

The number of births which took place in the reporting hospitals in 1922 were 10,261. The number attended by the V.O.N. 5,751. approximately. Now this leaves 55,418 who have been looked after by the private duty nurses, other organizations, and the inevitable "handy-woman"—who certainly appears to do the major part of the obstetrical nursing of the province.

If for the population of the country we have sufficient medical aid (?) we must remember that it is more often than not crowded into urban districts, leaving the stray handy (?) woman in command of the rural field.

If we are satisfied with this condition we of course need not hope

to reduce our maternal mortality rate; but if we insist on better supervision during the prenatal period, with greater skill in obstetrics and nursing during the intranatal period—not forgetting the necessity for transportation facilities and telephone communication for those who are too far removed from professional supervision—we may, with the hope of intelligent co-operation from the parents, reduce our mortality rate in this field of preventive medicine. The nurses working in the field do what they can in educating the public to the necessity for better care during this period, but it only amounts to a "drop in the bucket" and will never give a satisfactory result until we make the country understand that the programme necessary for safe maternity is embodied in the following:

1. Education in the schools along these lines.
2. Adequate obstetrical and nursing care.
3. Close supervision and instruction during the prenatal period.
4. Sufficient hospital accommodation for all not having good home conditions.
5. Domestic aid before, during, and after the birth, if at home.
6. Financial aid for those in poor circumstances.
7. Accurate notification of births and still-births.

When we consider that the principal source of increase in population is at stake, and that we are always reading in the newspapers of the urgent necessity for immigrants to people our province, would it not be as well for us to strain every effort to have our future citizens born right in the country from healthy and vigorous parents?

[Editor's Note: Three other papers on Maternal Care, i.e., in the city, in the small town, and in the Red Cross Outpost Districts of Ontario will appear in subsequent issues.]

Why the Whole Wheat Bread?

By ESTHER KINNEY, R.N., Vancouver

The use of cereals antedates all history, the term cereal dating back to mythological times—Ceres the goddess was supposed to have been the first to gather grasses and use their seeds as foods. Of the cereals, wheat, rice, corn, oats, barley, rye and millet, wheat is doubtless first, not only in order of naming but in common use.

The wheat grain consists roughly of two parts, an outer coat or husk and an inner substance or kernel. The external coat consists of three layers, the testa, membrane, and cereal envelope: The first of these, the testa, is composed of three layers of bran, and contains valuable mineral matter, also colouring. The third, the cereal envelope, contains vitamins—fat and protein granules. The internal part or kernel is composed of starch grains, proteins, gluten, some sugar and salts.

The germ or embryo of the grain representing about $1\frac{1}{2}\%$ of the whole grain is rich in enzymes that aid in starch transformation, and in nitrogen.

Flour is made by grinding the grain of cereals.

Doubtless the first primitive mill was nothing more than two flat stones between which the grain berries were crushed. As civilization progressed the hand mill, first an inverted mortar with a hole in the top, then the millstone took the place of the flat stones, the motive power progressing from stones to cattle, to wind, to steam, to electricity, until we arrive at the modern method of milling, the Patent Roller process.

But while the process has undergone such marvellous changes, the

product has seen a more startling one.

In the older methods the clean dry berry was crushed and the kernel, germ and entire outer coating or endosperm was used to form the bread. As the process progressed more and more of the husk was removed until now the modern process, to meet popular demand, removes all of the germ and the endosperm.

This evolution in milling has had a logical sequence; the germ, rich in oil, if allowed to remain in the milled product, may tend to cause the flour to become rancid. The soluble proteins in the germ and cereal coat may act on the starch, changing it to dextrine, so darkening the baked product—bread. As popular demand called increasingly for a finer, whiter bread, the millers took from the grain more and more of everything except starch: minerals, vitamins and valuable roughage, as well as the elements which lessened the whiteness and lightness of the loaf, in order to meet the popular demand.

Recently a man of sixty whose diet was being readjusted to correct certain disorders, remarked to me—"This is ironical. For the best part of forty years I have studied how to give the people a finer and whiter flour, and now when I have retired to enjoy the profits from my years of labor you put me back to eating shorts."—This last being the miller's term for the outer coat.

As our recent and growing knowledge of vitamins and their value in the diet—of the use and value of mineral matter and roughage—has made us look for the foods which would best supply these three essentials to our diet, we have added to

our vegetable and fruit list, whole grains, in bread and as cereal, particularly whole wheat.

The absence of these three essentials from bread may not matter where a mixed diet, rich in vegetables, cream and animal foods is taken, but does become vital where bread or cereals are the mainstay of the diet, as of course often happens

among the poorer or more careless classes, and I fear among many "girl bachelors." How many of us are making 60% of our meals of tea and toast, the lonely housekeeper's standby? If we, living alone, lack the incentive for preparing regular meals, let us at least make a little improvement, by the use of whole meal bread.

News Items

MANITOBA

A delightfully planned and highly successful tea was given on Saturday, May 9th, by the nurses, Child Welfare Department, Winnipeg, in their offices at the Bureau of Child Welfare. The object was to raise funds for the hospital section of the Robertson Fresh Air Camp at Gimli, operated by the Robertson Memorial Church and Settlement House at Winnipeg. The large waiting-room was transformed into a veritable boudoir—with easy chairs, plants and flowers—while visitors wishing to delve into the future could have tea-cup secrets revealed in the

smaller offices. Great interest was shown in a camp model, ingeniously erected on a table, where one viewed a lake with many accessories for enjoyment on water and land; also a hospital tent with patients and nurse. The dietitian's department also proved an attraction. The tea-table was prettily decorated with pink and white tulips and pink candles, and the guests were received by the Misses L. Spratt and L. A. Schwalm. The proceeds amounted to over \$100. The staff consists of fourteen nurses, six of whom served with the C.A.M.C., and the Dietitian, who has her own helpers.

Preparation of Patient for X-Rays

(Continued from page 355)

of any kind until this examination is made.

After this the patient may have food as usual. No laxative or medicine of any kind is given until the examination is finished, this sometimes takes several days.

One of the main things to be remembered is to have the meal passing through the intestinal tract as nearly normal as possible.

For the thorough examination of the large bowel a barium enema is necessary. The success or failure absolutely demands the bowel to be thoroughly cleansed. A large dose of castor oil the previous evening and

through washing of the bowel with normal saline using three or four quarts. If the bowel is not cleared and barium will not coat the lining of the bowel thoroughly and might possibly lead to error.

The enema should consist of one or two litres of buttermilk to which has been added 250 gms. of Barium Sulphate. Other material may be used, as condensed milk, two or three small cans being added to one or two quarts of water at a temperature of 100 deg. F.

The patient should have clothing removed from the crest of the Ilium to the knees and a sheet or blanket covering the patient.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal.

Address

By DR. DUNLOP

The few remarks I shall make this evening in respect to the place of the Nursing Staff in a Standardized Hospital, will be a mere preamble, so to speak, to the more specific duties and responsibilities that, I understand, will be dealt with in the discussions which are to follow.

Let it be remembered that a good nurse is first of all a good woman. Her necessary requisites are health, intelligence and a good conscience. The training of a nurse includes two distinct parts: first, practical training in the care of the sick and prevention of disease; second, careful education in regard to her conduct. Under the pressure of training school life there is a tendency to devote all the time to the technical; subordinating the ethical to the technical or crowding out the ethical entirely. It must be remembered that training in the art and science of nursing is inseparably bound up with the science and practice of proper conduct.

When entering upon her training the student nurse must accept as right and necessary much that she cannot understand. She must try to see the situation from the viewpoint of those in authority, who are responsible. So also, when the patient is concerned, she must endeavor to get the viewpoint of the patient. She must analyse herself and see that her motives are unselfish. Hers is more or less a life of self-sacrifice. Her duty will be to promote the general welfare of all concerned. The governing body of a hospital must protect all interests. They are responsible for the nurses they place on the wards, in as much as they assume the responsibility of admitting the student nurse to the training school.

In all hospitals there is the Administrative Department with its various departmental branches, Medical, Nursing, Domestic, Engineers, etc. The largest of these is the Nursing and Training School. It embraces all nurses and probationers. The best service can be rendered when there is an intelligent sympathy between the different branches, and especially the sympathetic co-operation of the nursing service with the doctor and the patient, who is the most important person in the institution, and for whom the hospital exists. Each nurse is a unit in the service and must regard herself as an essential factor in its efficiency. To consider herself of no importance she would have to decide that there was no reason for her being a part of that service.

No hospital has a right to claim a first rank position among standardized hospitals unless, along with its many requirements, it can certify to the loyalty of its different departments to all other departments, and to the institution as a whole. This does not mean that a nurse must shut her eyes to the short-comings of the hospitals. The work is always done by very human individuals and what they do is seldom perfect. The efficiency of a nurse is measured by her ability to carry responsibilities. Most of the rules of the hospital are designed to promote the welfare of the patient and to guide those who are responsible for his care.

It is one of the principles of a hospital, that to enter its service in any capacity carries with it a moral obligation of **loyalty**. No nurse should discuss the failings or defects of her associates to any one but those who are in a position to remedy those

defects. Never by act or word should anything be done that might shake the confidence of the patient in the hospital where he has come to be cared for, and remembering that the personal element is a large factor in the handling of the sick, nothing should be said that might weaken the faith or create doubts as to the methods of the physician he has selected to care for him.

The things the nurse has to do are comparatively simple things. Her duty is to care for the needs of her patients under the direction of a doctor. She is not trained either to make diagnosis or to make decisions as to treatment. She must carefully cultivate that most difficult of all the arts, the art of observation, and here comes in the art of making her chart. The records must be complete, she is the doctor's assistant and he should benefit by the intelligent record of her observation. Nurses in charge of departments must make the quality of fairness one of the foundation stones in their system of management and this quality must extend to patients, students and doctors alike. Regardless of likes or dislikes, justice must prevail. It is a reflection on a hospital when any medical man can give the impression to his patients that he stands higher in the estimation of the hospital than his associates and can get anything he wants for his patients.

If one compares the representatives of the nursing service today

with that of a few short years back, one cannot fail to see the changes that have been effected, largely by improved methods of training. The hospital has been more exacting in the preliminary education of the student nurse. So the student enters upon her training with a mind that has already acquired more or less trained habits of study. She is therefore the more capable of grasping, assimilating and applying the instructions, technical and ethical, she receives in the training school. She will have much to learn of Anatomy, Physiology, Medicine and Surgery, the principles of which she will apply daily. She must assume certain responsibilities and will be expected to measure up to them. She should desire no better reputation than to have it said of her "She is reliable." Charlotte Aikens says "A nurse's bedside records are an index of her real character, and an every-day test of her honesty. It is of small comfort to know that the records look well, are free from blots, erasures, etc., if they lie."

The nurse cannot acquire her training without a good deal of drudgery, but as time goes on she grasps the principles that underlie discipline and what distressed her at the beginning she will be capable of applying to her own character and conduct in the end.

[An address read before the nurses of Holy Cross Hospital, Calgary, Alta., January, 1925.]

Staff Conferences from the Point of View of a Graduate in Charge of a Ward

(Continued from page 356)

previously, through lack of knowledge, I was not co-operating to the extent that I might have been.

Co-operation is one of the primary essentials of any work, and of special importance in ours, and this should be the greatest benefit of all to be derived from our staff conferences.

Note—In Montreal there is a very active and interesting Educational Section which

meets once a month and is very well attended by Superintendents, Assistants, Instructors, and all who are engaged in the education of the nurse in the various training schools of the city.

Problems which are common to all form the subjects of the various meetings, and the subject and those leading in the discussion are chosen from one meeting to another.

The foregoing paper was read at a recent meeting by a graduate in charge of a Medical Ward at the Montreal General Hospital.



Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

From War to Peace

LISTENING IN

By N/S ELSIE F. ROPER, Reg.N.

How often in these days of radio wonder are we privileged to "listen in" and enjoy with millions of others the best in music and art. It is the day of "international exchange" of thought expressed.

Many of us recall a different mode of listening in, not many years past, when the privileged few received communications and reported to those anxiously waiting news from the front line trenches.

In the Northern Ontario Red Cross Outposts we too "listen in" for calls along the line and hold ourselves in readiness to answer when required. My subject was suggested to me as I recalled one of the many times these words were used in my work during the past winter. Answering an S.O.S. call from some distance, the section men volunteered to take me on the "speeder." I need not explain this mode of travelling to my readers, except to say it is a thrilling experience to a novice, especially, as in this case, when a thoughtless lad placed some obstruction on the track to occasion an extra thrill or two!

It was bitterly cold; a strong north-west wind blew continuously against us and we were chilled to the bone, despite the heaviness of clothes. We finally arrived at our destination, however, and I proceed-

ed towards the house, wending my way through unspeakable barnyard refuse and shivering cattle. As you will recall, a true chateau in France also has its barnyard and stables at the entrance, but somehow the comparison ends there; the romance of the French chateau is lacking. As I approached the house I could hear the usual scurrying around and was conscious of many little eyes peering at me through broken windows. I entered at the woodshed. In these exposed localities the front door is usually barricaded, along with all the other windows, at the first sign of winter and well fortified against the possible admission of fresh air. Such a picture met my eyes! One, two, three, four, five, six—no, seven—children and a baby, while the eldest, a boy of sixteen years of age was away with his father in the bush. None had sufficient clothes to cover their little bodies; stockings only in name; shoeless, and thirty degrees below outside! The question in these cases is just where to begin, so much is required. I examined the children, made notes of the most pressing needs and advised the mother. True, some of the children should have been at school, but this did not seem the time to chide or criticize; it was the time for action. A walk of three miles to school in such weather and

in such clothes was unspeakable. I returned on the "speeder," after assuring the mother I would return with clothes and whatever assistance was available. Here was one more opportunity for the generous Red Cross branch to "listen in."

Again the call came to our little nursing station. I will only cite these two cases among the many received last winter. This time it was from a woodsman's hut "somewhere up the trail." A speeder was of no avail, nor were there any cheery section men to help me carry my kit; the trip had to be made alone, on snowshoes, through unbroken woods. There was no time for hesitation; the word received said all were sick. Never shall I forget that trip! The darkness descended and the stillness of approaching storm was about me. The click of my snowshoes rent the air and I found myself turning round to see if someone was following, though it was not a human footstep I feared. After numerous spills—for the snow was soft and the road unbroken and a mistep had sent me tumbling headlong into the snow banks—I finally discerned the woodsman's cabin in the distance and the sound of human voices. As I approached, two men halted in their work of piling wood; their faces depicted astonishment. I was shown into the cabin where a sick mother and five small children were being cared for by the father, who had not had his clothes off for six nights. The other two woodsmen outside were also being shel-

tered in this little hut. There was much to be done and I was able to give a few instructions in home nursing, a little advice in public health, and make a list of the requirements of the children. As the storm had descended I gladly accepted the invitation of the woodsmen to ride back on the load of wood. Arrangements were made for my return.

These two cases serve to illustrate what I term my active service on the frontier line. Back at the base there are also many interesting experiences as I travel up and down the railway, visiting the schools, and the homes of the older homesteaders and the newly arrived settlers.

To our little nursing station, fitted up for the Red Cross nurse by the Temiskaming and Northern Ontario Railway, the mothers come for advice and consultation, and bring their babies to be weighed and measured. It is hoped that in time arrangements will be made to have a doctor present on certain days to consult and examine special cases.

The work in this district has only been carried on by the Red Cross for the past six months but it is generally felt that the effort to spread the gospel of good health, and simultaneously supply the wherewithal to carry out instructions given, is proving of great service in this district, and it is hoped that the people thus stimulated will gradually absorb this knowledge, and practise it in their daily lives.

"What Went Ye Over to See?"

By N. S. L. E. DENTON, Reg.N.

Remy Siding! A casualty clearing station! 'Twas the summer of '17. Who could measure the height, breadth, depth—aye, and length—of those days? The days of Paschen-dale.

Overhead against the blue of the sky are our Watchmen of the Air,

going hither and thither guarding us by night and day. Hour by hour the road to "Pop" is a moving mass of men and transports; on and on past Flamertinghe, on the road past Ypres, where the bursting shells are but a forerunner of what is beyond. On the other side, coming down, are

mile upon mile of ambulances. Their burden! Those who but a few hours before had been at the gates of hell itself—coming now to us to be nursed back to health, or—as in the case of all too many—just to receive “the cup of cold water” and to feel the touch of a British woman’s hand and to hear her voice.

The Resuscitation Ward! Who, having been there, could forget it. Sister and orderly working side by side with eyes that blurred and hearts that ached over the stretcher with its bundle of khaki, mud, and the questioning face of a soldier. Perchance to him Homeland and Birthland is amongst the heathered hills, in beautiful England, or yet, the Emerald Isle. Others whose loved ones wait across the Atlantic in dear old Ontario, or westward over the prairies to the far-flung Rockies. Again, the face is of one from beneath the Southern Cross. Whence had they come? It mattered not. Men of our race, blood of our blood, sons of Britain and brothers all. Oh, to have the pen of the greatest of writers to describe with soul-reaching power the greatness of those days! The courage with which they met the Sister’s answering look

when words came not to the question “Will I get to Blighty?” Then the whispered word of encouragement and sympathy: “Never mind, Sister. This is hard for you here.” The Sister as she took the address of next-of-kin said: “Now, Laddie, I’m going to write home for you.” A smile—“Tell mother I remember.” Here one saw the soul of the man and was proud and satisfied. The thought so often came: surely “this is holy ground.”

A September evening. The tent is open, allowing the warm rays of the setting sun to rest on a cot where a young lad lay, beside him, kneeling, is the white-haired Padre: “Yea though I go through the valley of the shadow.” “It is all right, Padre; I’ve not forgotten.” From another cot where lies an older man—a Roman Catholic—comes to the Sister a message: “God bless you women.” The voice of our wounded: could a greater honor be bestowed on us?

Memories! Yes—and with them a faith in humanity that will not die. Methinks I hear their voices still wafted down the years—

To you from failing hands we throw the
torch—
Be yours to hold it high.

News Notes

MANITOBA

The Nursing Sisters’ Club of Winnipeg held the spring meeting on Saturday, May 16th, when it took the form of a tea given at the home of Mrs. J. F. Morrison, R.R.C. The guests were received by the President, N/S A. J. Attrill, R.R.C. and the convener of the Social Committee, Mrs. J. H. Bond, R.R.C. The tea table was daintily decorated with green tulle and candles, while pink roses adorned the flower vases. Presiding over the tea cups were Mrs. B. W. Lawrie, Mrs. W. Thomas, N/S P. Ramsay, and N/S O. Garland, R.R.C., assisted by members of the committee. The club took occasion at this re-union to contribute towards the Empire Fund for the purpose of erecting an annex at the Nurses’ Home of the Elizabeth Garrett Anderson Hospital for Women in London, England, in memory

of the Nurses of the Empire who gave their lives during the Great War. The names of thirty-nine Canadian Nursing Sisters will be on the memorial tablet. A sum of over \$50.00 was realized at the tea. Mrs. J. H. R. Bond is one of the first six British Army sisters following the time of the Crimean War, and is a veteran of several wars. She holds the Royal Red Cross, Zululand and Egyptian service medals, and the Khedive’s Bronze Star, which is one of special distinction. Since coming to Canada many years ago she has always been actively associated with a number of organizations.

N/S M. McKie was married to Mr. Wm. Wall on April 22nd, at St. Stephen’s Church, Calgary. Canon James officiating. N/S McKie is a graduate of Guy’s Hospital, London, England, but since coming to Canada in 1911 made her headquarters

at Hartney, Man., where she was in charge of a private hospital. She served overseas for two years and was in the great raids both at St. Omer and at Etaples, being attached to the No. 9 Canadian Stationary Hospital. Having done private nursing since her return to Canada, her many friends at Hartney showed their appreciation of her life among them by giving her many beautiful presents at a bridge party and shower that was held in her honor previous to her departure for Calgary.

A number of the members of the Nursing Sisters' Club of Winnipeg took part in the Decoration Day procession and services on May 24th. Previous to the service at the Stadium the nursing sisters were guests of the Amputations Association and Auxiliary at their clubrooms. Both parties were given transportation by automobile to the cemeteries by members of the Rotary and Kiwanis Clubs. At Brookside they formed the inner circle about the Cross of Sacrifice, when special tribute was paid to them in an address by Capt. Wm. Robertson, chaplain of M.D. 10. N/S Stella Gordon deposited the wreath of roses and sweet peas for the Manitoba Association of Graduate Nurses, and N/S A. J. Attrill, R.R.C., one of roses and peonies on behalf of the Nursing Sisters' Club. At St. John's, where the veterans of 1885 and officers of the garrison are buried, Mrs. J. H. R. Bond, R.R.C., placed the wreath of the Manitoba Branch of the Red Cross Society, and N/S E. F. Hudson, M.R.R.C., placed the wreath of the St. John's Ambulance Association, Fort Garry Division, of which she is a district superintendent; she also represented the Nursing Sisters' Club at this cemetery.

BRITISH COLUMBIA

Exactly twenty nurses who saw service overseas during the Great War were at the "Lest-we-Forget" luncheon held

recently at the Hudson's Bay Company's dining-room by the Overseas Branch of the Graduate Nurses' Association, Victoria.

The affair, which is now a yearly observance held on Florence Nightingale Day, was informal save for the short address given by the president of the association, Miss Ethel Morrison, who recalled that it was seventy-one years since the Crimean War called into being the genius of "The Lady of the Lamp." The table was appropriately arranged with red and white flowers, and little menu cards printed in red. The following nurses who served overseas were present: Mrs. Aylmer, Mrs. H. Baker, Mrs. Ball, Miss Bastedo, Miss Boyce, Miss Craighead, Mrs. J. C. Dewar, Mrs. E. A. Dixon, Mrs. Finn, Miss E. Franks, Miss E. Gray, Miss M. McMorrow, Miss E. Pierce, Mrs. R. B. Robertson, Mrs. Reid, Miss Lasenby Rose, Miss A. Williams.

Overseas Nurses of Ontario attending the International Nurses' Congress at Helsingfors are: Miss Edith Ravside, Miss Smellie, Miss Edith Campbell, Miss M. A. Fortune, Miss R. E. Hamilton.

NOTICE

If N/S E. J. Johnston will communicate with Alfreda J. Attrill, Bureau of Child Hygiene, Main and Aberdeen avenue, Winnipeg, she will learn something to her advantage.

Note—An effort is being made to procure for publication in this section, a short biography of those nurses who were killed or met their death due to war service. It is difficult to obtain the necessary particulars and the addresses of the next-of-kin. Will anyone having this information kindly forward the same through their provincial representative for this section or direct to the convener at 410 Sherbourne Street, Toronto.

Hospital Libraries Round Table

At the annual meeting of the American Library Association, to be held in the Olympic Hotel, Seattle, July 6-11, the following programme will be presented at the Hospital Libraries' Round Table:—

Chairman, Perrie Jones, Public Library, St. Paul, Minn.; Mrs. E. B. Bailey, Public Library, Minneapolis, Minn., will preside.

Monday, July 6, 2.30 p.m.—History of Nursing, Elizabeth S. Soule, head of the

Department of Nursing Education, University of Washington, Seattle. The Future of Public Library Hospital Service, Sarah E. McCordle, County Free Library, Fresno, Calif. The Costs of Public Library Hospital Service, Lila Bowen, Public Library, Omaha, Neb. The U.S. Veterans' Bureau Hospital (a report), Elizabeth Pomeroy, Unit U.S. Veterans' Bureau, Washington, D.C. Results of the questionnaire.

News Notes

BRITISH COLUMBIA

VICTORIA

On May 29th the annual graduation exercises, Jubilee Hospital, were held in the ballroom of the Empress Hotel, when seventeen graduates received their diplomas and medals from the chairman of the board of directors (Mr. George McGregor), and Miss Jessie Mackenzie, superintendent of nurses, in the presence of a large crowd of friends and well-wishers. The invocation, delivered by Dr. W. L. Clay, was followed by a congratulatory address to the graduates by the Lieutenant-Governor, in the course of which he characterized the Jubilee Hospital as one of the finest in the world, and the Canadian nurse as second to none. The Very Rev. Dean Quainton spoke on the question: "Ought we to regard nursing as a mere profession or primarily as a vocation?" After short addresses by Mayor Pendray and Mr. George McGregor, diplomas and medals were presented to the graduates as follows: Ida Kathleen Snowdon, Elizabeth Brethour Joyce, Frances Lillian Sheepwash, Hilda Kathleen Restall, Helen Mae McQueen, Helena Katherine Legge-Willis, Mabel Rhodes, Margaret Jean Aikenhead and Irene Smith, all of Victoria; Dorothy Amy Taylor, of Metchosin; Margaret Jean Shenfield, of Innisfall, Alta.; Gertrude F. Rowsell, of Camrose, Alta.; Catherine Turbain Ferrier, of Vancouver; Madeline Alecia Mary Parke, of Ashcroft; Elizabeth Geneva Maxwell, of Salt Spring Island; Eleanor Loosley, of Oak Bay; and Henrietta Blachford, of Medicine Hat.

Special awards were presented as follows: The Robert S. Day memorial scholarship to Elizabeth Brethour Joyce, the third to win this \$100 bursary under the terms providing the award. Mr. Drake, of the board of directors, on their behalf presented the two subsequent prizes, the first to Miss Amy Smith, a cheque for \$25 annually offered by the board to the pupil attaining the highest marks in examinations; the second to Edith Jean Patterson, a bursary offered to the junior class pupil excelling in practical work. Miss Ethel Morrison, president of the Victoria Graduate Nurses' Association, on behalf of the association, presented to Miss Caro Rant the year's bursary for the most efficient work in first-year nursing; and to Miss Plump was awarded Dr. A. F. Price's prize for work in connection with infectious diseases.

A very popular incident in the pro-

gramme was the presentation to Miss Jessie Mackenzie, superintendent of nurses, of a handsome ebony-mounted silver tea service and tray, the gift of the Women's Auxiliary Executive of the Jubilee Hospital, the directors, and doctors of the hospital, "in appreciation of Miss Mackenzie's tireless efforts in the construction of the new wing." This fact was engraved on the tray, with the date. Miss Mackenzie, in her brief response, was eloquently convincing when she said that what she had done had been done with pleasure.

The programme was interspersed with enjoyable musical numbers, and after the formalities were over chairs were pushed aside and dancing, to the accompaniment of Heaton's orchestra, filled in the remainder of the evening until midnight.

The Victoria Graduate Nurses' Association held their monthly meeting on June 2nd at the Alexandra Club. After a short business session the members enjoyed playing bridge; later, dainty refreshments were served. This pleasant social evening brought the regular monthly meetings to a close until after the holidays. The association will reassemble on Tuesday evening, September 1st.

NEW WESTMINSTER

Miss Reta Moulton, R.C.H., 1924, is taking a post-graduate course at the Children's Hospital, Boston, Mass.

Miss Rosemary Smith, R.N., has accepted a position in the hospital at Ocean Falls, N.C.

Miss Bourke, R.N., has returned home after spending some time in California.

Miss Dynes, R.N., (St. Paul's Hosp., Vancouver, 1919), has accepted a position at the Columbus Hospital, Seattle, Wash.

Miss Gerard, R.N. (St. Paul's Hosp., Vancouver, 1923), has accepted a position in St. Mary's Hospital, New Westminster.

Miss Bamtinheimer, R.N., R.C.H., 1924, and Miss Isabel Hill, R.C.H., 1924, have accepted positions in the hospital, Greenwood, B.C.

The many friends of Miss Swanson, R.N. (who has been in Arizona for several months) will be pleased to learn that she is making good progress towards complete recovery.

The graduation exercises of the 1925 class of the Royal Columbian Hospital were held in the Duke of Connaught High School on May 28th. The address given by Dr. T. B. Green to the class was very much enjoyed by all present. Diplomas were presented by Mrs. T. Gifford, Jr., and Miss Stott, superintendent of nurses, pre-

sented the medals. The special medal winners were: medal for general proficiency (presented by the Graduate Nurses' Association of New Westminster), Miss Richardson; medal for surgery (presented by Dr. Rothwell), Miss Bishop; medal for highest marks in examinations (presented by Fraser Valley Medical Association), Miss Green. The members of the 1925 class are: Misses Dorothy Wilson Bell, Esther Elizabeth Bowlby, Marguerite Ann Richardson, Constance Emily Hawkshaw, Viola Mary Bishop, Ruby Bramley Green, and Rose Lillian Elsie Gibbs. The valedictory address for the class was given in a very pleasing manner by Miss Bishop. At the close of the exercises the class and members of the staff were entertained by Mrs. T. J. Trapp at her home.

MANITOBA BRANDON

St. Paul's Church, Brandon, was too small to accommodate the large number of people who gathered to witness the annual graduation exercises of the Brandon General Hospital. Nineteen graduates received their diplomas, presented by Mr. R. Darrach, president of the Hospital Board, while Miss C. Macleod, superintendent of the hospital, presented the nurses' pins. Dr. W. A. Cooke delivered the invocation and the address to the graduates was given by Miss Kenneth Haig, of Winnipeg, who by tracing the lives of some of the great nurses in history, showed the value of unselfish service in the practise of their profession. The presentation of the medals was made by Dr. F. L. Beer, Medical Examiner, who in a brief address to the graduates recommended that they take an interest in art, music, etc., as well as in their profession, and work for the betterment of the community in which they live. Miss E. Treffry, of Portage la Prairie, was gold medallist of her class; Miss Mary Roddick, of Brandon, was presented with a silver medal, and Miss Florence Hepburn, of Virden, received the bronze medal. Dr. W. J. Elliott, secretary of Brandon Medical Association, presented the special prizes as follows:—General Proficiency: Miss Jean Campbell, of Eyebrow, Sask.; highest aggregate marks for three years, highest marks in oral and practical work, highest standing in eye, ear, nose and throat examination, were all won by Miss E. Treffry; highest marks in obstetrics, Miss Dorothy Hawes, of Rapid City. Miss W. Ferguson, Kenora, Ont., was winner of highest standing in the second year, and Miss D. Longley, of Brandon, in the first year. Miss W. Halliday, of Fairfax, was awarded prizes for First Aid work

and for gynecology, second year. Other members of the class are: the Misses D. T. Mitchell, Arrow River; M. Box, Grenfell; H. Tarleton and M. Tarleton, Griswold; H. Cowing, Oak Lake; J. Huntsman, Miniota; O. Begg, Souris; P. Nicholls, Portage la Prairie; J. Cameron, Arnprior, Ont.; I. Schofield, Monahan Ireland; A. Kelly, Rivers; A. Stinson and R. Mills, Brandon; and F. Hagerty, Kingston, Ont. Following the graduation exercises a reception was held in the Nurses' Residence.

Before an enthusiastic audience, which taxed the capacity of the auditorium of the Hospital for Mental Diseases, on Wednesday, June 3rd, fourteen nurses received their diplomas, which were presented by D. L. McLean, deputy minister of public works. Dr. C. A. Baragar, superintendent of the hospital, presided, and the nurses' pins and diplomas were presented by Miss A. F. Mitchell, superintendent of nurses. The invocation was delivered by the Rev. Father Grace. In her address to the graduates Mrs. R. F. McWilliams, of Winnipeg, referred to the work of the pioneers in building up the West and emphasized the fact that it is the task of the western people to complete the structure commenced so many years ago. She urged the graduates to go forward in their profession capably and hopefully with every assurance that their work is one of the great tasks to be completed, and the knowledge that many are ready to help in this work. The Hon. W. R. Clubb, Minister of Public Works, found it impossible to reach Brandon in time for all the exercises, but was present during the latter part of the programme and briefly congratulated the nurses. The fact that she is a medical student prevented Miss M. McKenzie from receiving a prize although she obtained highest standing in the graduating class. The first prize was, therefore, awarded to Miss N. Beasley, and the second prize to Miss P. McRann. In the junior year the first prize was awarded to Miss H. McKenzie and the second to Miss M. Harrison. Those who received diplomas in nursing were: the Misses N. Beasley, M. McKenzie, P. McRann, M. Erickson, A. Hicks, F. Scott, E. Reid, M. Marlatt, W. Bland, L. Carvey, M. Bennett, W. Hallatt, G. Bagge, and H. Metson. Messrs. R. A. Davidson and P. Twa were awarded diplomas for the Attendant Course. Following the ceremony a reception was held in the Nurses' Home, where refreshments were served and music and dancing were enjoyed throughout the evening.

Miss M. K. Finlayson, of the staff of Brandon General Hospital, left on May 25th for Scotland, where she will spend her summer vacation.

Miss C. Macleod, superintendent of Brandon General Hospital, left on June 3rd to attend the Helsingfors congress. Miss Macleod will make an extended visit on the continent and to the British Isles before returning home.

NEW BRUNSWICK FREDERICTON

The graduation exercises of the Victoria Public Hospital Training School for Nurses were held in the Cathedral Memorial Hall on Friday afternoon, May 15th. The graduating class, consisting of Mary Frances Holleran, Marguerite Louise Fradsham, Mary McLaren Scott, Helen Parker Glasier, Ella Margaret Cochrane, Mary Adelaide Baker and Ruth Lillicia Louder, entered the hall through a double row of the class 1926, carrying ribbons in the school colors. After the Invocation by the Rev. Canon Smithers and an opening address by Dr. D. W. Ross, president of the board of trustees, the prizes were presented. Dr. G. C. Van Warts' prize for surgical nursing was won by Miss Ella Cochrane, and the Ladies' Hospital Aid Society's prize for obstetrical nursing by Miss Fradsham. The diplomas were presented by Mr. C. A. Sampson, secretary-treasurer, and the medals by Miss V. I. Winslow, superintendent of the hospital. Following the administration of the Florence Nightingale pledge, Dr. C. C. Jones, chancellor of the University of New Brunswick addressed the class. The Class Prophecy—The Victoria Public Hospital and Class 1925 as seen Ten Years Later—was read by Miss Marjorie Ross (1926). The Valedictory was delivered by Miss Marguerite L. Fradsham. After the exercises, refreshments were served in the tea room by the Ladies' Hospital Aid Society. The tables were decorated with purple and gold tulips. In the evening a dance was held in the reception room in the nurses' quarters of the hospital.

Miss Fradsham (1925) has accepted a position on the staff of Victoria Public Hospital.

Miss Elizabeth Robinson Scovil, after spending several months in the Southern States, has returned to her home in Fredericton.

On June 10th the marriage of Miss Marguerite Montgomery Campbell, of Fredericton, to Henry Fairweather Morrissey, of St. John, took place at Christ Church Cathedral. Miss Campbell is a graduate of the New York Hospital Training School; served overseas with the C.A.M. Nursing Service; and during the past few years has been with the New Brunswick Department of Public Health.

ONTARIO

HAMILTON

St. Joseph's Hospital A.A.

The graduation exercises of St. Joseph's Hospital Training School were held at Undermount on Thursday, June 4th, at 8 p.m. The class-room was prettily decorated for the occasion and nineteen nurses received their medals and diplomas. Following the exercises refreshments were served on the lawn. On June 5th the nurses of the training school held a dance at Undermount in honor of the graduating class and their friends. A very enjoyable evening was spent. The Alumnae Association of St. Joseph's Hospital entertained the graduating class at a dinner held at the Royal Connaught Hotel on June 6th at 7 p.m. The president, Miss Murray, received the guests.

Misses Wren and Molloy, 1924, are doing general duty at the Kiefer Hospital, Detroit, Mich.

LONDON

Victoria Hospital A.A.

At the monthly meeting of the Alumnae Association held in May, the question of twelve-hour duty instead of twenty hours for private nurses in homes and institutions was discussed. A vote on this question will be taken at a later meeting. The annual picnic was held on June 13th. Miss Grace Fairley, superintendent of the training school, Victoria Hospital, was presented with a gift prior to her departure for overseas. Miss Fairley will attend the International Congress in Helsingfors, Finland.

The graduation exercises of the 1925 class were held at Convocation Hall, University of Western Ontario. Forty-six graduates received their diplomas and pins from the Lieutenant-Governor of Ontario. The address to the class was made by Dr. Paul McKibben, dean of the medical school and chairman of the school of nursing committee. Following the exercises an informal reception was held and in the evening a delightful dance was arranged for the graduates and their friends at the medical school.

Previous to taking his departure in the afternoon the Lieutenant-Governor visited a member of the class, Miss Emily Smith, who was ill at the Victoria Hospital, and presented Miss Smith with her diploma and pin.

Memorial mention of the late Miss Gertrude Cahill was made during the graduation exercises. Miss Cahill's death a year ago was a sorrow alike to her teachers and classmates. A portrait of Miss Cahill has been placed in the nurses' classroom (where pictures of the graduates will also hang), a tribute to the place she held in the class and to her

memory kept alive among the nurses of her year.

The graduates were as follows: Sarah Alice Miller, Velma Jane Bilyea, Kathleen Alexandra Storey, Dorothy Madeline Atkinson, Anne Gray Dundass, Edith Lillian Palmer, Hazel Cecilia Fritz, Ercel Henrietta Cohoon, Mary Hope Cochran, Grizella Erica Lamport, Caroline Louise Giel, Ruby Ida Lynn Kelly, Gertrude Ellen Burr, Mary Isabel Sanderson, Elizabeth Isabel Little, Virginia Harper, Mabel Kelley, Gertrude Ermine Cumming, Mabel Emily Hill, Olive Elizabeth Branion, Margaret Susan Smith, Jean Fisher Hogg, Ella Thelma Murphy, Emma Nightingale, Margaret F. Feely, Ila Elizabeth James, Audrey May Catherine Burns, Elva Elizabeth Just, Edith Fysh, Greta Ada Hardy, Kathleen Miriam McIntyre, Mary Gladys MacDougall, Anna Muriel Lewies, Alice Cunningham Read, Helen Marguerite Summers, Merle Annie Ruttle, Katharine Elizabeth Beattie, Margaret Evelyn Harmer, Madeline Fletcher Buck, Rugie Nicholls, Margaret Murray Millman, Anna Gertrude Brown, Constance Vale George, Gertrude Elizabeth Manders, Alice Louisa Shore, Emily Jane Smith.

Scholarships for post-graduate courses at the University of Western Ontario were awarded to Mrs. Pearl Allison, Miss Katharine Mackenzie, and Miss Mary Mabel Sanderson.

ORILLIA

Soldiers' Memorial Hospital

Miss Johnston, superintendent of the Soldiers' Memorial Hospital, is leaving shortly for a three months' visit to Vancouver and other points in the West.

Miss Newton and Miss Towle have returned from Jacksonville, Ill., where they have been doing private duty nursing since last fall.

Miss Nicholson is spending the summer with friends in Winnipeg.

ST. CATHARINES

General and Marine Hospital

On Friday, May 15th, the annual graduation exercises of the Mack Training School for Nurses were held in the Collegiate Auditorium, when the following graduates were presented with their school pins and diplomas: Miss Dorothy Hoover, Thorold; Misses Edith Backert and Stella Sweitzer, Kitchener; Miss Janett B. Griffith, Niagara Falls; Misses Susan Leach, Mary Phipps and Jessie Buchanan, St Catharines. The address to the graduates was given by Dr. Fred. Sheahan, while the Florence Nightingale pledge was administered by Mr. Murton Seymour. The prize for general efficiency, given by the Alumnae, was awarded to Miss Stella Sweitzer. Mrs. W. Durham, president of the Alumnae, made the pre-

sentation, and in a few well-chosen words paid high tribute to Dr. Mack, founder of the Mack Training School for Nurses, which was the first school on the North American continent. During the evening Mrs. E. H. Lancaster and Mr. Harold Jones delighted the audience with several solos. Lovely bouquets of roses were presented to Mrs. Lancaster and to Miss Meiklejohn, superintendent. The exercises were followed by an informal reception and jolly dance.

Thunder Bay Graduate Nurses' Association

The regular monthly meeting of the Thunder Bay Graduate Nurses' Association was held on Thursday, June 4th, 1925, at the McKellar Hospital Nurses' Home, Fort William, Ont. After the business routine was concluded the Rev. Simms, of St. Paul's Church, gave a very interesting address on Spiritual Resources, quoting now and then most exquisite gems of poetry to enhance his theme. Miss Flynn, the dietitian of McKellar Hospital, who has a most charming voice, sang two songs, accompanied by Mrs. George Birch. Afterwards a social hour was much enjoyed and the nurses of McKellar Hospital served a delicious lunch. This is the last regular meeting until September.

The graduation exercises of the Railway, Marine and General Hospital, Port Arthur, Ont., were held in the Wallace Hall on May 19th, when Dr. J. T. Pratt, who appeared in public for the first time since his serious illness, gave a very fine address to the graduating class, and the diplomas and medals were presented by Dr. W. S. Hunt. Those graduating were the Misses Alice Upton, Annie Gordon, Elizabeth Barker and Geraldine Craig. A special prize for deportment and good conduct was awarded to Miss Upton and four prizes, each a five dollar gold piece, were awarded to four under-graduates who made a rating of 98 per cent. on the year's progress. A splendid musical and vocal programme was enjoyed by the large audience assembled and was followed by a delightful dance.

The McKellar Alumnae Association entertained at a very successful tea and bake sale on Saturday afternoon, June 6th, in the reception rooms of the McKellar Nurses' Home. The long centre table, from which fragrant cups of tea and dainty refreshments were carried to many guests, was beautifully decorated with lilac and carnations. The tea hostesses were Mrs. Wishart and Mrs. A. Millar. Pouring tea were Mrs. J. Cook, Mrs. M. B. Dean and Mrs. A. T. Gillespie (wives of the staff doctors). The tea servers were the Nurses Olive Knibbs, O.

Cunningham, Cliff and Duncan. Welcoming the guests were Mrs. J. Drynan and Miss Jane Hogarth. The afternoon programme, under the direction of Mrs. F. W. Edwards, consisting of music and songs, was delightful and very much enjoyed. The home produce table was in charge of Mrs. H. Marston and the Misses T. Gerry and B. Montpetit. The proceeds, which amounted to \$60.00, will be used for the Isabel Johnson Memorial Fund.

The graduation exercises of the McKellar General Hospital, Fort William, Ont., were held in the Auditorium of the City Hall on Thursday evening, May 28th, 1925. The hall was filled to capacity by a very interested audience and Dr. V. B. Dowler addressed the graduating class in a very fine speech, permeated with a subtle and delightful humor which delighted the nurses, but striking a more serious note when he reminded them of the more important distinguishing marks of their profession, pleading strongly for the upholding of the great traditions of the disciples of Florence Nightingale. Presentation of diplomas was made by Mr. W. R. Coslett, president of the Board of Managers and Trustees, and that of the gold and silver medals by Dr. A. T. Gillespie. The gold medalist of the year is Miss Signe Carolina Berglund, of Omaha, Nebraska. Others receiving their diplomas were: Misses Barbara A. McQuarrie, Orangedale, N.S.; Agnes Baillie and Gladys Austin, Port Arthur, Ont.; Clara J. Elwash and Mary Duncan, Fort William, Ont.; Margaret Reid, Gowganda, Ont.; Viva E. Tate, Kemptville, Ont.; and V. Jeanne G. Michand, Edmundston, N.B. A special prize given by Miss P. Morrison, superintendent, and Miss Belle, assistant superintendent, for intermediate class work, including general proficiency, was won by Miss Ruby McClaren, and a prize for charting by Miss Mae Moody.

An extremely pleasant programme of vocal and musical numbers was given and the proceedings terminated with the usual delightful dance given to the members of the graduating class and their friends.

TORONTO

Grace Hospital A.A.

In honor of the graduating class of 1925, the Alumnae Association of Grace Hospital entertained at a delightfully arranged class dinner at the Prince George Hotel, May 22nd. About one hundred guests attended the dinner, which is to become an annual pre-graduation feature. The graduates were grouped according to their year and happy reminiscences of busy student days were the order of the evening. This stimulated an enthusiastic class spirit which added much to the success of the dinner.

Banquet menus of today were compared with those of 2,000 years ago by the chief speaker and guest, Dr. C. G. Harcum, Assistant Professor of the History of Industrial Art, University of Toronto. "The Art of Dining 2,000 Years Ago" was the title of her talk, which was humorous and enlightening. Balanced diets and food values were in vogue in those ancient days, although the now familiar calorie and vitamine were strangers.

The toast to the King was proposed by Mrs. John Gray, the chairman and president of the Alumnae. Mrs. W. H. Harris toasted the hospital, and Miss Rowan, superintendent of nurses, responded. To the seventeen members of the graduating class Miss Carrie de Vellan proposed a toast and Miss Cora M. Gilkinson responded. Mrs. C. J. Currie replied to the toast to the guests, proposed by Miss J. Goodman. A vote of thanks to Dr. Harcum, proposed by Miss E. Ogilvie, was seconded by Miss L. J. Dyer. Miss A. S. Perry was convener of arrangements.

Mrs. Radford and Miss Sherman were recent graduates of the post-graduate course in Public Health at Toronto University, June, 1925.

Miss C. Lawrence is in charge of Red Cross Outpost at Lion's Head.

Miss Annie L. Nelson is at Red Cross Outpost on St. Joseph's Island.

Miss Elinor Cummings is at Red Cross Hospital in the Rainy River District.

Miss Florence Emory is Assistant Director, Department of Public Health Nursing, University of Toronto.

Miss Jessie Goodman is organizer of Home Nursing Classes for the Toronto Branch of the Canadian Red Cross Society.

St. John's Hospital Training School

The tenth annual graduation exercises of the St. John's Hospital Training School for Nurses were held on Thursday afternoon, June 4th. The presentation of diplomas and pins, by the hospital chaplain, the Rev. Mr. Colthurst, took place in the flower-bedecked chapel during a most impressive service. The first to be presented was Miss Marcia Calkin, of Wolfville, N.S., who through illness last year was unable to attend her graduation. Other graduates are: Misses Alice Burford, Alice Cochrane, Thelma Donald, Mary Costigan, Mildred Johnston, Ethel Molyneux, Toronto; Mary Hammond, Eva Prentice, Shelbourne, Ont.; Pauline Holdway, London, England (for some years a resident in Australia); Eva Pearson, Kingston. Miss Mary Hammond was awarded the prize for general proficiency and Miss Eva Prentice gained the prize for highest marks in the Public Health Course. Following the service in the

chapel a garden party was held on the lawn. Numerous bouquets and baskets of flowers gave a very festive air to the happy occasion and music was provided by an orchestra. Many doctors and their wives were present, parents and friends of the graduating class, and former graduates of St. John's.

Toronto General Hospital

The regular annual business meeting of the Alumnae Association was held on Wednesday, June 3rd, in the Nurses' Residence, Miss Clara Brown in the chair. The annual reports of the various committees—visiting committee, social committee, treasurer, etc.—were read and adopted. The corresponding secretary, Miss Chute, read letters of thanks from members of the Alumnae who have received flowers during illness; also letters from Miss Gunn and Miss Jean Browne acknowledging flowers sent to them at the boat on which they sailed for Europe. The matter of a yearly magazine, which would contain a list of graduates, with addresses, was then discussed. After considerable discussion a motion was passed that the Alumnae publish such a magazine for at least two years; a copy to be sent to every graduate of the school. At the meeting in April a motion had been passed that the Alumnae grant a scholarship of \$400 for a public health course or a course in supervision and administration at McGill University. The scholarship committee announced that several applications had been received in the interim and that the bursary had been awarded to Miss Ethel Fenwick (1918), who will take a year's post-graduate work at McGill University. The nominating committee then gave their report as to the officers of the Alumnae for the coming year. The officers are as follows:—President, Miss Clara Brown (re-elected); 1st Vice-President, Miss Alice Thompson; 2nd Vice-President, Miss Grisdale; Recording Secretary, Miss Gretta Ross (re-elected); Corresponding Secretary, Miss F. Veitch; Treasurers, Misses Cunningham and Fisher; Councillors—Misses McKinnon, Grant and Dorothy Wright. Following this report the meeting was adjourned and refreshments served.

Miss Pearl Brown, 1920, and Miss Edith Ferguson, 1920, are going abroad this summer with the Overseas Education League. The trip will include a visit to England, France, Italy and Holland.

Quite a number of Toronto General Hospital graduates purpose taking a trip abroad this summer. Miss Scadding and Miss King sailed at the end of June and Miss Kelsey expects to sail in July. Also it will interest many to know that Mrs. Cadenhead, who was so long on the staff, and Miss M. Brown, head of the outdoor

department, sail for England this summer. Miss Anne Jackson (1921) has already left for England, where she will visit relatives, and expects to remain indefinitely.

Miss Fanny Loucks, 1914, is assistant superintendent at the Protestant Orphan's Home, Dovercourt Rd.

Miss Eileen White, 1925, has gone to Bigwin Inn, Muskoka, as nurse, for the summer months.

Miss Maude D. Coatsworth (1916) is relieving for two months in the Welfare Department of the T. Eaton Co., Ltd.

On Tuesday, June 2nd, the closing exercises of the course in Public Health Nursing, Toronto University, were held in the Household Science Building. In the absence of Miss Russell (who is abroad) Miss Emory read the annual report and spoke a few personal words to the graduating class. Canon Cody then delivered a masterly address to the class, leaving with them three great thoughts of the value of every individual; of the brotherhood of man; and of life as a stewardship. Seven graduates of the Toronto General Hospital received their diplomas: Misses Glazier, 1917; Helen Haley, 1921; Gladys Reid, 1923; Marjorie Robertson, 1923; Gladys Redman, 1923; Dorothy Percy, 1924; and M. Corrigan, 1924. Miss Dorothy Percy also gained the further honor of highest class standing. A very pleasant social gathering was held at the close of the exercises.

Women's College Hospital A.A.

The Alumnae Association of the Women's College Hospital gave a dinner at the Carls Ritz Hotel on Thursday evening, May 21st, in honor of the graduating class of 1925. The dinner was delightfully informal, and class prophecies caused great hilarity. Mrs. W. H. Bowman, honorary president, very graciously replied to "the Alma Mater" toast.

The Heather Club Chapter I.O.D.E. celebrated their sixteenth anniversary on May 29th, 1925, at the residence of Mrs. J. Browne. There was a large attendance. The color scheme was carried out in green and mauve, the birthday cake being decorated in the same colors. The sum of \$100 was realized from a sale of home cooking and candy. The aim of the club is to aid in the prevention of tuberculosis in children from birth to sixteen years. The club distributed 3,000 quarts of milk in March and 4,000 quarts in April.

QUEBEC MONTREAL

On May 19th the first public graduation of nurses was held at the Hotel Dieu Hospital, Montreal, when eleven students

received their diplomas and pins. The exercises were held in the new and spacious lecture hall in a part of the hospital recently added for the exclusive use of the nurses. The Rev. Father Perrin, parish priest of Notre Dame, presided at the ceremony, and besides the relatives and friends of the graduating class, among others present were the Mother Superior, Sister Beaupre, Directress of Nurses, several Sisters and members of the clergy. Excellent addresses were given by Father Perrin and Dr. Dube, of the University of Montreal, the latter making special reference to the new School of Public Health Nursing recently established by the University. Dr. Dube also emphasized the importance of nursing organizations, and hoped the nurses graduating would all become members of the Provincial Association of Registered Nurses.

Montreal General Hospital A.A.

Miss Helen Stewart, 1925, has taken a position in the Registration Office of the O.D. Department of M.G.H.

Miss Olive Mitchell, 1925, has accepted a position as second assistant night supervisor at M.G.H.

The sympathy of the members is extended to Miss Martin, 1921, in the loss of her father.

Miss Frances Alcombreck, 1920, has taken charge of the school infirmary at King's Hall, Compton, P.Q.

Misses Nina Brown and Bernice Willett, 1918, will spend the summer at Murray Bay in charge of the convalescent home.

Miss Jean Smith, 1923, who has been on the staff of the Children's Hospital, Boston, Mass., during the past year has returned to Montreal to do private nursing.

Misses F. M. Shaw, S. E. Young, and Isabel Davies sailed by the S.S. "Ascania" from Montreal, June 6th, en route for the International Congress of Nurses in Finland, in July. Misses Dorothy Hadrill and Agnes Jamieson sailed by S.S. "Athenia" June 19th, and Miss Lily N. Gray by S.S. "Leticia" from Montreal, July 3rd, also to attend the Congress. The three former sailed via Sweden and the three latter by the Kiel Canal.

Misses Martha Batson, 1921, Edythe Ward, 1923, and Edna Barnes, 1922, recently graduated from McGill School for Graduate Nurses, all with final first-class honors. Miss Barnes won the prize given by Dr. Helen R. Y. Read in the Public Health Section. Miss Ward received her certificate in the Supervisor Course, and Miss Batson in the Instructor in Schools of Nursing Course. Miss Batson has been appointed to the nursing staff of M.G.H.

as instructor, the appointment to take effect at the beginning of the next term.

Forty-one nurses who had completed their three years' course at the Montreal General Hospital Training School for Nurses received their diplomas on June 6th, when the graduating exercises were held in the presence of a large company of friends of the graduates and of the institution. The number of graduates since the inception of the school in 1890, it was stated, has now reached 864.

Lieut.-Col. Herbert Molson, president of the board of management of the hospital, in the course of his address referred to the need felt for increased accommodation for the nursing staff. Plans had been prepared for a suitable building for a nurses' home, and the Provincial Government had promised a contribution of \$200,000. An appeal would be made to friends of the institution to provide additional funds required, and it was hoped the building would be in course of construction within the year.

Colonel Molson also spoke of the steps being taken by McGill University to enlist the support of the Provincial Government for the post-graduate school for nurses. The advance in public health work throughout Canada showed the need of a more specialized training for nurses. In the year which had passed the work of co-ordinating the teaching in the central division and the western division (Western Hospital) had been successfully completed, and the president wished to thank all members of the staff for bringing this about, and particularly to express to Miss Young, Miss Craig and Dr. A. K. Haywood, general superintendent, the congratulations of the board on the successful completion of this work. In addition to the class graduating 14 other nurses, who had received their training at the Western Hospital, had been awarded diplomas the week previous.

Dr. E. M. Eberts gave the address to the graduating class, dwelling on the qualities of tact, sympathy, understanding, patience, gentleness, cheerfulness and discretion. With all these, a sense of humor was needed.

The prizes presented by the board of management for general proficiency were awarded to Miss Lucretia Eleanor Stewart, Winnipeg; Miss Mary Seabury Mathewson, Montreal, and Miss Frances Gladys Mitchell, Montreal. The Mildred Hope Forbes prize for highest aggregate marks during the three years went to Miss Mary Irene McQuade, of St. John, N.B., and Miss Mary Seabury Mathewson, who had also won the general proficiency prize.

Following is the list of the graduates:—Olive L. Alford, Tide Head, N.B.; Maud Alshorne, Rothesay, N.B.; Edith Marion Carten, Fredericton, N.B.; Grace Stuart Carter, Gaspé, Que.; Annie Elizabeth Cromwell, Cookshire, Que.; Margaret Grace Dobbie, Lachute, Que.; Olive Edgar, St. John's, Newfoundland; Grace E. Ewing, Rock Island, Que.; Anna Marie Feeney, Fredericton, N.B.; Jean Ogilvie Fowler, Fort Coulonge, Que.; Laura J. Giroux, Pembroke, Ont.; M. Evelyn Hamilton, Lachute Mills, Que.; A. Ruth Hamilton, Black Lands, N.B.; Blanche Gert-rude Herman, Lunenburg, N.S.; Katherine Evelyn Horsfall, St. Lambert, Que.; Mary Gertrude Labelle, Montreal; Catherine Ladd, Chazy, N.Y.; Esther Eileen Lewis, Lachine; Isabel May Lunan, Sorel, Que.; Mary Seabury Mathewson, Montreal; Olive A. Mitchell, Montreal; Frances Gladys Mitchell, Montreal; Olive V. Mul-ligan, Kazubarua, P.Q.; Marion Edith MacLeod, Gould, P.Q.; Edith Alice Mac-quisten, Lachine; Isabel McConnell, Bal-linahinch, Ireland; Jeanie McCulloch, Montreal; Mary Irene McQuade, St. John, N.B.; Lenore Elizabeth Nicol, Toronto; Phyllis A. Pennington, New Rockland, P.Q.; Margaret Allen Raeburn, Beebe, P.Q.; Winnifred Rae Shaver, Strathroy, Ont.; Margaret Shaw, Montreal; Gladys H. Smith, Westmount; Marion Hoffman-Smith, Sudbury, Ont.; Lucretia Eleanor Stewart, Winnipeg; Helen N. Stewart, Maxville, Ont.; Geraldine Roberta Stewart, Ottawa; Hattie Patterson Tanner, Ot-tawa; Doris Mae Camasho Veire, Dun-can's, Jamaica, B.W.I.; Alice Beatrice Wil-son, St. John, N.B.

The Montreal General Hospital Alum-nae Association held their sixth annual dinner on June 6th in the ballroom of the Ritz Carlton Hotel. The table decorations were carried out in pink tulips and white lilac, pink and white being colors of the training school. The guests of honor in-cluded the 1925 graduating class, and seated at the head table, which was in U shape, were: Miss S. E. Young, Miss Frances L. Reed, Miss Gertrude Bennett, Miss F. M. Shaw, Miss H. Dunlop, Miss N. Tedford, Miss O. V. Lilly, Miss R. Spray, Miss Webster, and the graduat-ing class. The other members of the As-sociation present were seated at tables arranged for the respective classes, the company numbering about one hundred and eighty. Miss Bennett, superintendent of the Ottawa Civic Hospital Training School, addressed the graduating class, and the class prophecy was read by Miss M. Hoffman-Smith. Mr. Merlin Davies sang four songs, accompanied by Mr. Bryceson Treharne. During the dinner a presentation made made to Miss H. Dun-

lop, who has been secretary-treasurer of the Alumnae Sick Benefit Fund for a num-ber of years. The evening made a happy ending to the class graduation day.

Royal Victoria Hospital A.A.

Miss Henrietta Binning, 1921, who has been on the staff since her graduation, was the guest of honor at a Bridge given by the head nurses. Miss Binning was presented with a leather travelling clock. Her marriage to Dr. David Caldwell, for-merly of R.V.H., will take place early this month.

Miss Doris Weir, 1920; Miss Olive Zinck, 1924, and Miss Constance Brewster, 1924, have successfully passed the examinations at the School for Graduate Nurses, Mc-Gill University. Miss Weir gained the Public Health Course certificate and Miss Zinck that in the course for instructors. On account of previous university work, Miss Brewster obtained in one year the diploma of the school usually granted for a two years' course.

Miss Norma MacFarlane 1921, has sail-ed for London, England, where her mar-riage to Dr. Young, formerly of the R.V.H., will take place.

R.V.H. nurses attending the Interna-tional Congress of Nurses at Helsingfors, Finland, include the Misses Hersey, Ross, Darville, Rogers, Byfield, Widder, Mar-tin and Mrs. Tooke.

Miss B. Willoughby has resigned her position as superintendent of the Chil-dren's Memorial Hospital, Montreal, and intends taking an extended holiday.

The marriage of N/S Lydia May Ach-ison to Mr. Haviland Routh took place quietly May 7th at Trinity Memorial Church, Montreal, the Rev. Canon Al-mond officiating. After the ceremony Mr. and Mrs. Routh left for a motor trip and on their return will reside in Montreal.

The following Canadian nurses will at-tend the Congress, International Council of Nurses, in Helsingfors, Finland, July 19th-25th:—Misses F. M. Shaw, M. A. Samuel, M. F. Hersey, S. E. Young, Mar-garet Moag, C. Ferguson, Agnes Jamie-son, Grace Martin, Anita Ross, Mabel Darville, Daisy Campbell, C. H. Murray, Dorothy Hadrill, B. Widder, I. Davis and Mrs. Bertha Tooke, of Montreal; Misses E. Armour and H. Mackay, of Quebec; Misses Jean E. Brown, Jean I. Gunn, B. Ellis, K. Russell, G. Gastrell, Ruby Hamil-ton, Margaret Kelman, C. McKinnon, A. McKinnon, I. McAfee, Edith Campbell, H. E. Smith, J. Goodman, Mrs. H. M. Bow-man, and Mrs. J. Ahn, of Toronto; Misses Martha Fortune and Mabel Howie, of St. Catharines, Ont.; Mrs. M. A. Young, Misses Inrig and Mabel Brechin, of Ham-ilton, Ont.; Miss Grace Fairley, of London,

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REFRESHER COURSE

The opening of the doors of the University of Alberta to the graduate nurse in the Refresher Course of May 26-29th, marks an epoch in the history of nursing in Alberta the significance of which we cannot fail to emphasize.

Lectures of a most instructive and inspiring nature were given in the Medical Building of the University, with an average attendance of about fifty. A general expression of appreciation and satisfaction was heard from those who attended.

Grateful thanks are due to Miss McCammon, Miss McPhedran, and to the members of the University for giving their time so generously and for contributing to the success of this course.

The nurses of the province are looking forward to a similar course at the University next year.

The following programme was carried out: Private Duty Nursing (2), Miss Guernsey and Miss Cooper; Pre-Natal Care (1), and a demonstration—(Obstetric Care in the Home). Miss Walsh; History of Nursing (2), Miss M. Black; Out-Patient Department—Its Value to the Public and in the Education of the Nurse (1), Miss Gould, followed by an excursion to the Out-Patient Department, University of Alberta Hospital; Diet in Disease (1), Professor Jamieson; The Practical Use of Insulin, and Diet in the Treatment of Diabetes Mellitus (2), with demonstrations in the laboratory, Professor Jamieson and Miss Malone; Psychology (3), Professor McEachran; Present Day Education of the Nurse and the Value of the University to the Graduate Nurse (1), Professor Pope; Talks on Books (1), Mr. D. E. Cameron, with Book Exhibit; A demonstration in surgical procedures by Miss M. Black; An excursion to the Royal Alexandra Hospital with demonstration in medical nursing by Miss Munroe; A visit to the Exhibit Public Health Department, University of Alberta.

The course finished on Friday with a dinner in the lounge, Athabasca Hall, followed by a round table discussion led by Miss McPhedran.

BIRTHS

BRADT—On New Year's Day, 1925, at the General and Marine Hospital, St. Catharines, Ont., to Mr. and Mrs. Leo Bradt (Gertrude McGinnis, G. and M. Hospital, 1919), a daughter (Mary Margaret).

BOYER—On May 15th, at The Wellesley Hospital, Toronto, to Dr. and Mrs. G. F. Boyer (Jean Anderson, Hospital for Sick Children, Toronto, 1914), twins, boy and girl (Michael and Joan).

BABCOCK—On May 22nd, at the Cottage Hospital, Toronto, to Mr. and Mrs. Babcock (Elsie Smith, Hospital for Sick Children, Toronto, 1921), a daughter.

LEITCH—At the Private Patients Pavilion, Toronto General Hospital, to Mr. and Mrs. Leitch (Catherine Cameron, Hospital for Sick Children, Toronto, 1917), a daughter.

SLOAN—In December, 1924, at Saskatoon, Sask., to Mr. and Mrs. N. Sloan (M. Donnelly, Orillia General Hospital, 1916), a son.

VAN GORDER—On January 30th, at the Peking Union Medical College Hospital, Peking, China, to Dr. and Mrs. George W. Van Gorder (Helen Goforth, T.G.H., 1918), a daughter (Elizabeth Rosalind).

WATSON—On April 29th, 1925, at the Royal Columbian Hospital, New Westminster, B.C., to Mr. and Mrs. Murray Watson (Jean Taylor, R.C.H., 1922), a daughter (Dorothy Margaret).

FLEISCHER—On May 11th, to Mr. and Mrs. A. C. Fleischer (Vera Bongard, Toronto General Hospital, 1923), a son (Howard).

SHAW—On May 20th, in the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. John A. Shaw (Jessie Anderson, T.G.H., 1921), a daughter.

MARRIAGES

WYLIE—HAWTHORNE—In April, 1925, at Vasey, Ont., M. Hawthorne (Orillia General Hospital, 1916) to Thomas Wylie, of Vasey.

MASSINGRAD—THOMPSON—In May, Isabel Thompson (Toronto General Hospital, 1922), to Mr. Massingrad. Mr. and Mrs. Massingrad will live at 46 McEwen Ave. Windsor, Ont.

BARRY—KNOWDELL—On March 19th, in San Francisco, Cal., Myrtle Knowdell (Royal Columbian Hospital, New Westminster) to Lyle B. Barry, of New Westminster.

DOWNES—MILLER—On June 11th, 1925, at St. Michael's Church, Montreal, Alice Miller (Montreal General Hospital, 1916) daughter of Mr. and Mrs. A. E. Miller, of 244 Fairmount Ave., Montreal, to Frank Downes, New York City.

MacDONALD—LADD—On May 18th, 1925, at Chazy, N.Y., the home of the bride, Katherine Ladd (Montreal General Hospital, 1925) daughter of Mr. and Mrs. Emerson-Adams Ladd to John Kingsley MacDonald, son of the late Dr. John and Mrs. MacDonald, of Edmonton, Alta. Mr. John MacDonald is a fourth year student in medicine at McGill University, Montreal.

BLACK—MacMILLAN—On June 3rd, 1925, at the home of Mrs. V. C. Moulton (cousin of the bride), 5 Parkman Place, Westmount, P.Q., Martha Elizabeth McMillan (Montreal General Hospital, 1921) daughter of Mr. and Mrs. W. Arthur McMillan, Chesterville, Ont., to Byard Black, Hallville, Ont.

LEVERMAN—KONIG—On May 29th, 1925, at Halifax, N.S., Mildred Eugenie Konig (Royal Victoria Hospital, Montreal, 1923) to Gerald Allen Leverman. At home 25 Yorke St., Halifax.

HEUTHER—LAURENCE—On May 14th, 1925, at Toronto, Gladys Laurence (H.S.C. Toronto, 1915) to Dr. Heuther, of the Shriners' Hospital, Salt Lake City, U.S.A.

ROUTH—ACHESON—On May 7th, at Trinity Memorial Church, Montreal. N/S Lydia May Acheson to Haviland Routh, the Rev. Canon Almond officiating. Mr. and Mrs. Routh will reside in Montreal.

FARRELL—JOHNSTON—On May 20th, 1925, at Toronto, Anna Isobel Johnston (Women's College Hospital, Toronto) to Dr. Harold Farrell. Dr. and Mrs. Farrell will reside in Toronto.

HALL—WILSON—On May 21st, 1925, in Toronto, Marjorie Wilson (Grace Hospital) to Harold Hall of Toronto.

DEATHS

WARRENDER—Suddenly, at Shaughnessy Hospital, Vancouver, on June 3rd, 1925, Jean, eldest daughter of Mr. and Mrs. James Warrender, 726-4th St., New Westminster, B.C.

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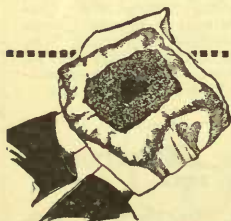
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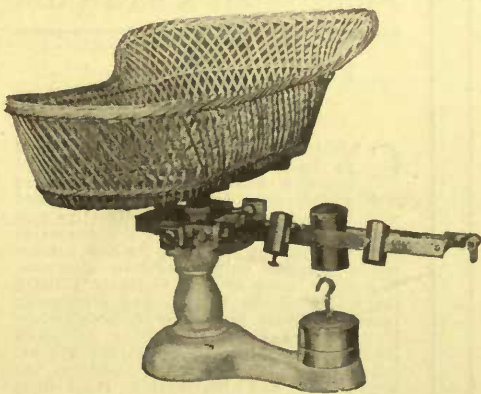
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International Co-operation for Social Welfare

By Dr. RENÉ SAND, Secretary, League of Red Cross Societies, Paris

SOME weeks ago, a celebrated London surgeon told me that when convalescent after a short illness, and chatting with his nurse, he tried on her the old question: "What has more eyes than a potato?" Straight as an arrow came the remarkable answer: "Matron." I wish I had as many eyes as that ubiquitous matron so that I would be able to enjoy seeing you all at the same time, the thousands of you to whom I am so deeply indebted for your never-failing kindness, the thousands of you whom with joy and pride I call my friends, the thousands of you who have a record of magnificent achievements, and who are giving such a splendid inspiration not only to this continent but to the world.

I want to insist on that international aspect of your work. However lonesome and forgotten one may feel in a remote place or in a modest circle, what one thinks, what one does, what one strives for, in the long run always means something to the world. Nothing is ever lost among moral values any more than among physical forces. What we give of ourselves sooner or later penetrates into the universal conscience.

We can, however, make this penetration easier and quicker by multiplying international contacts. I hail with joy your decision to hold next year an international conference of social work, not only because it will allow of a general description, comparison, and discussion of the social work in the world, but also because it will develop opportunities for per-

sonal visits and exchanges of social workers which will be an ever-increasing source of progress and better understanding everywhere.

International co-operation is still a very frail child, who needs a great deal of attention and care. Men began by fighting each other, then they traded with each other, and it is but very recently that they have attempted helping each other. When I say that commerce was the first agency making for international relations, I want you to remember that in the time of the cavemen trade already swept the continents, as is exemplified by a skeleton which you can see in the Brussels Museum; it belonged to a woman living something like twenty thousand years ago, in that part of Europe which is today called Belgium. Attached to this skeleton is a necklace made of graceful ornamental shells which then were to be found only in the region where Paris now stands. This shows that the far-away ancestors of the modern Rue de la Paix jewelers had already at that time established a wide commercial reputation and set the fashion for Eve.

But international trade between individuals does not mean international co-operation between nations. Of this we see no trace until the last century. The Crusades could perhaps be cited as the first example of common action and the Church Councils as the first assemblies where representatives from various countries met together with equal rights: the bond, however, in these cases was religious, not national, and the co-

operation was more between selected groups than between countries as such.

In fact, the very word "international" was coined by Bentham 150 years ago, and the first really international meeting was a scientific conference held in Germany in 1828. None of the governments, however, decided for common action till 1864, when some of them agreed to create and support jointly an international institute for the exact measurement of the earth. We must allow full credit to science, as we did to trade, for the powerful impulse it gives to international relations. Is it not, however, a very remarkable fact that official co-operation between the nations did not begin by the fundamental questions which we would expect to bring the governments together, such as the maintenance of peace, the safeguarding of health, the interests of trade and the protection of the traveller? It would have seemed reasonable and logical to take these essentials first. I am afraid mankind is neither reasonable nor logical, and so international co-operation began in that apparently insignificant institution for measuring the earth. Moreover, I believe that if the men then in power could have foreseen that through the gate they had carelessly opened to a few harmless professors, the whole pageant of humanitarian and democratic aspirations would one day force its way, they would have let the earth stay unmeasured for eternity rather than commit themselves to such an imprudent action.

This fatal and happy mistake was committed exactly sixty years ago, and now the number of private and official international institutes and conferences is to be counted by hundreds. In the field which interests us here, we have first of all health and social welfare sections of the League of Nations, with consultative commissions on the opium traffic and

on the white slave traffic, to which last commission our distinguished president is giving that kind of co-operation which you would expect from her.

This is a very happy correction indeed to the lack of political universality of the League of Nations that the United States, Germany, and even in one instance, Soviet Russia are represented on the League's commissions dealing with technical or humanitarian work, which latter is now centered mainly, if we leave health and relief outside our present consideration, on the restriction of the consumption of narcotics, on the abolition of the white slave traffic, and on child welfare, three fields of action which we will consider in turn.

In 1909, the initiative of the United States brought together an international commission in Shanghai to consider the opium question, and the subsequent international conference held in the Hague in 1912 led to the adoption of an international opium convention, which the Opium Committee of the League of Nations is trying to put in application. It is based on a system of import and export certificates, and on the determination of the amount of narcotics, legitimately needed by each nation; this census of the drug traffic once being taken, it will be possible to restrict the importation so as to stop for the greatest part the abuse of narcotics. The task is of course not easy on account of the efforts of the smugglers and of the opium ring, which works through underground channels in the whole world.

The International Bureau for the Suppression of Traffic in Women and Children, a voluntary association created in London in 1899, led to the official international conference in 1902, which resulted in the so-called international arrangement of 1904. This was completed in 1921 by an international convention concluded

under the auspices of the League of Nations, and the permanent commission appointed by the League on which the international women's organizations are represented, is undertaking, thanks to funds supplied from private American sources, a complete survey of the field. Most nations have recently passed laws which if really put in force would make the international traffic in women and children almost impossible.

This same section of the League of Nations will soon also consider the international aspects of child welfare.

The International Labor Organization, which is an autonomous part of the secretariat of the League of Nations, is devoting its strength to investigating and bettering labor conditions. The international labor conferences have drafted not less than sixteen conventions, twenty recommendations, and six resolutions bearing on almost every subject within the field of the workers' protection: the eight-hour day, the weekly rest, night work, the employment of women and children, social insurance, safety, labor inspection, emigration, the prevention of unemployment, of phosphorous poisoning, of lead poisoning, of anthrax, the protection of seamen, of agricultural workers, of commercial employees. If a limited number only of these acts have passed into the national statute books, the fact that after careful study and open discussion they have been officially approved by representatives of the governments, of the employers, and of the employees, gives them a moral value which cannot fail to impress public opinion and to foster progress. After all, we do not aim at having things inscribed in laws, we aim at having them realized in practice, and the reform of public opinion is more important than legislative reform.

I mention only briefly the Pan-American Union as the third inter-governmental agency presently in

existence, because you undoubtedly know much more about it than I do myself. It has a valuable record and will undoubtedly develop its activities in the field of social work.

The voluntary organizations have existed long before the official institutions which I have mentioned. The first to be created were the Red Cross and the Young Men's Christian Association. You all know how since its beginnings in 1863, when it limited itself to war work, the Red Cross expanded in the field of social work and health, its main permanent activities being relief to the victims of war, disaster relief, popular health education, public health nursing, and the Junior Red Cross, inculcating in the school children daily habits of health, of social work, and of international good-will.

The Red Cross numbers today nine million adults and seven million children, these sixteen million being scattered in every country in the world irrespective of color, race, religion, and class. The Red Cross was instrumental in helping to start the International Save the Children Fund, created in 1920, out of which grew the International Movement of Youth in the aid of youth, which dates from 1922, and enlists the happier children in the help of suffering children. The International Save the Children Fund formulated in 1923 the declaration of the rights of children, which is now being adopted as the children's charter in the whole world.

I need not tell you about the international Young Men's Christian Association, Young Women's Christian Association, and the Salvation Army. Every social worker knows these wonderful organizations, to which millions of young men and young women owe such a great debt. I cannot mention by name the forty-odd international associations, leagues, bureaus, and foundations which aim at protecting girls and women, assisting the foreigner, rais-

ing the standards of education, bettering the prison system, developing the settlements, administering relief, uniting the women of the world, striving for peace and liberty.

But I want to single out two fields in which international co-operation has brought epoch-making progress. It was about 1840 that the first anti-slave international congress met in London. The governments did not join hands until 1889, when the International conference of Brussels created the Zanzibar and the Brussels bureaus, in order to stop the slave traffic. These bureaus have been closed because the slave traffic has gone. It is true that domestic slavery still exists in fact if not legally in many parts of Africa, which means that servants cannot leave their masters and that their children are born servants of the same masters. The liberation of these slaves, who are generally well treated, is a difficult economic and educational problem. At any rate, the raiding of villages and the wholesale killing and abduction of men, women, and children to be sold in far-away markets are now things of the past, and it is a powerful incentive for social workers to realize that mankind has been able to liberate itself from one at least of the evils which for scores of centuries had defied the most intimate feelings of heart and soul and stained the very name of man.

Another remarkable progress has been obtained through the International Abolitionist Federation, created in 1855 in Geneva. The men and women who demanded the repeal of the police regulations regarding prostitution were at first laughed at. Today the whole world is accepting their views: open dispensaries and educational institutions are replacing the prison-like hospitals in which these miserable, haunted women were formerly locked.

The world moves forward, not so quickly as we would wish, and with-

out hesitation, not without sometimes retracing its steps backward, but on the whole it moves. Think of the completely unorganized international relations sixty years ago, and look at the net of institutions and conventions which now survey this field. Think of the total absence of legal international protection of the working man twenty years ago, and look at the growing number of international labor conventions now in application.

Think of the isolation of the humanitarians even in comparatively recent times, and look at the armies numbering millions and millions which now stride forward under the emblems of the Red Cross, of the Young Men's Christian Association, of the Young Women's Christian Association, of the international women's organizations.

Each time I have had the pleasure to come back to this continent—and I am now accustomed to consider myself as a commuter between America and Europe—I am more deeply impressed by the earnestness of your purpose, by the scientific character of your methods, by the flame of humanitarian faith which flows forth from your hearts. And may I especially mention my admiration for our sister social workers. I do so, not as a matter of tradition or courtesy, but because it is my firm conviction that in your generations of liberally educated women, to whom every freedom and opportunity have been granted, a type has been created which is nowhere equalled, not a superwoman—that I think no one desires—but just woman in her complete and harmonious development.

This explains why you have decided to add to these institutions one more organization, the International Conference of Social Work, which will meet next year in Europe.

I want to express my utmost gratification for this decision and I hope to see very many of you in that assembly. I promise to spare no ef-

forts so that your trip may be pleasant and worth while, and above all I promise to neglect nothing which will make of that meeting a real contribution to the progress of the social welfare in the world.

Your mere presence alone would mean the greatest possible inspiration for the social workers on the other side, in less favorable circumstances. But it is not only on social work that your science, your experience, your devotion will tell. When the world's forum of social work will have been created, that will mean one more link between the nations, one new army raised against war, one new account opened on the credit of peace. Social work spells understanding, reconciliation, and co-operation among the ranks of the nation.

But you cannot enlist for mutual

understanding and co-operation among social groups without working at the same time for understanding and co-operation among the nations. There is only one intolerance, be it religious, national, political, or social, and there is only one tolerance, one spirit of brotherhood and peace, which extends to every form of intercourse and common enterprise. Social work means peace and love, peace and love which are bred in our hearts, which are cultivated in our minds, which are spread in our everyday work. And I do not know of any nobler title than that of "Social Worker," because every social worker is at the same time and all the time a peace worker.

(Address delivered at the fifty-first annual sessions of the National Conference of Social Work, Toronto, June 25-July 2, 1924.)

The Belgian Nurses' Conference

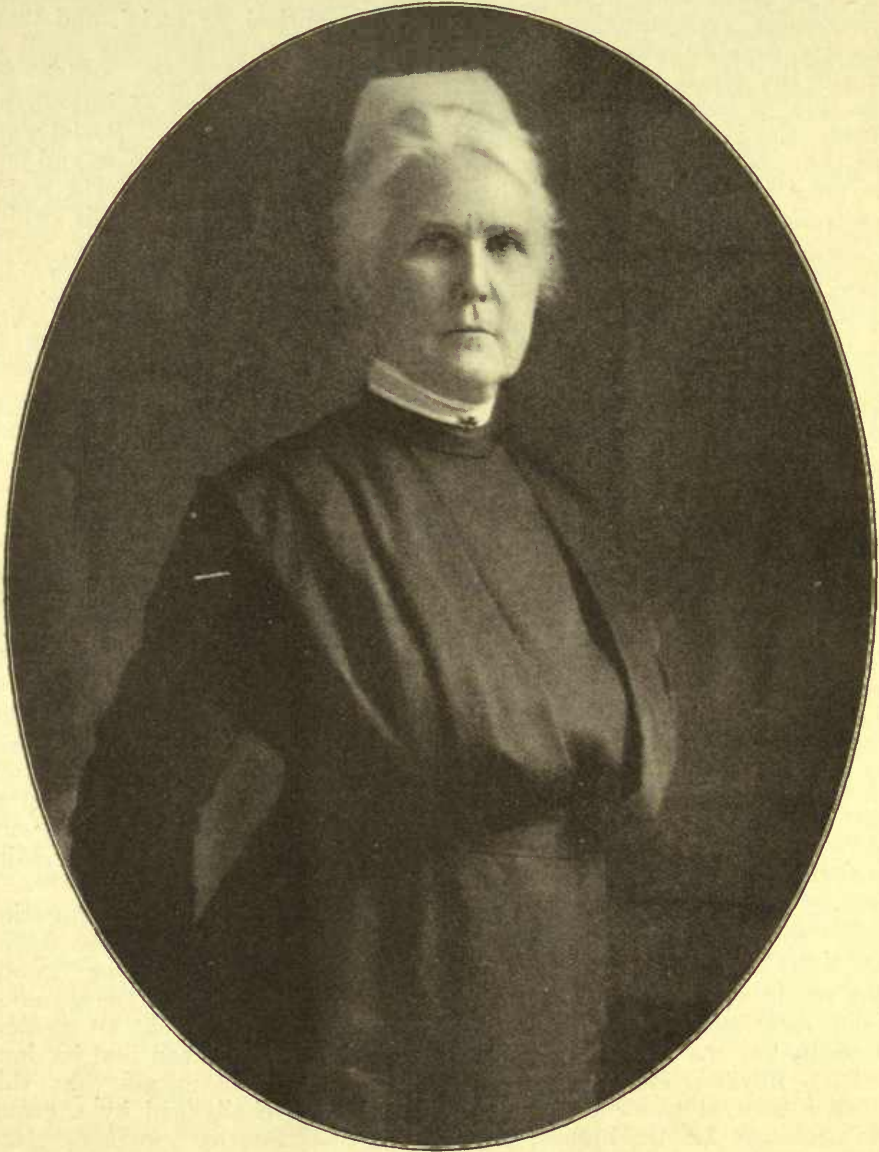
On June 13th to 15th, a most successful joint conference of the Belgian Nurses' Federation and the Association of Training Schools for Nurses of Belgium was held in the old historical city of Antwerp, with all its noble traditions. The keynote of the conference was one of progress. The "foreign" visitor who was so kindly welcomed saw in the deliberations of the Belgian nurses the same indomitable spirit in meeting difficulties that characterizes the whole Belgian nation.

One of the difficulties in Belgium at the present moment is the scarcity of recruits for the training schools. In 1920 a Royal Decree was passed making a general training of three years necessary for the highest diploma. In order to meet the present situation it was proposed at this conference that graduates of the Normal schools may be allowed to complete a nurse's training in two years. It is urged by those in favor of the scheme that this will not give them

less practical work, but that the curtailment will be in theory. It is contended that much of the same theoretical course is now given in the two-year Normal course as is given in the Training Schools for Nurses. The resolution was opposed on the grounds that it was most unwise to ask for any letting down of the standards established so recently: when put to a vote, the resolution was lost.

The other much debated question was the relationship between Social Service workers and the Public Health nurses. Some of the speakers were of the opinion that all medical social service work can best be done by Public Health nurses, but this opinion was challenged by a group of Social Service workers (not nurses) who were present. A resolution couched in very general terms to which all agreed was passed.

A boat-ride through the port of Antwerp and a jolly dinner party rounded out the three-day programme.—J. E. B.



MISS MARGARET ELEANOR STANLEY

Any series of biographical sketches of outstanding Canadian nurses would be incomplete without one of Miss Margaret Stanley, for fifteen years Superintendent of Victoria Hospital, London, Ont.

Although a graduate of Johns Hopkins Hospital, Miss Stanley was a Canadian by birth. She was born at Prospect Hill, Ontario, on March 25th, 1855; and was educated at Hellmuth Ladies' College, London, and the W.F. College, Hamilton, from which school she matriculated.

For some years after leaving school Miss Stanley lived with an uncle at Lucan, her parents having died previously. From Lucan she entered the law office of the late Judge Alexander Miller, K.C., of Berlin (now Kitchener), with the intention of taking up law as a profession; but this she gave up after two years. It will be seen, therefore, that for a woman of the later Victorian era Miss Stanley had had a remarkably broad education: fitting her well for the profession of nursing which she later decided to take up. She entered the Johns Hopkins School of Nursing, at that time under the supervision of Miss Adelaide Nutting, in 1893, and graduated in 1896. She was then appointed night superintendent. Later she held the position of superintendent of the North Adams Hospital, Mass., for six years. In 1906 she was asked to take the position of superintendent of nurses of Victoria Hospital, London, Ontario, where she remained until she retired on April 1st, 1921. Miss Stanley had an accident in 1918, fracturing her hip, and as a result the latter years of her tenure of office at London were particularly trying as her general health was much impaired. She died five months after her retirement.

During the Great War, Miss Stanley took a keenly active part in the local Red Cross, supervising all sur-

gical supplies, their packing and sterilizing, and gave instruction to the various lay bodies of women who later became so efficient in this branch of work.

Miss Stanley was a member of the executive of the Canadian Association of Nursing Education and of the Canadian National Association of Trained Nurses (now the C.N.A.) and gave ungrudgingly of her time, interest and energy. One of the last pieces of organization work she took part in was as a member of a delegation which went to Ottawa in 1917 to approach the Government with reference to the numbers of young women being taken on by the C.A.M.C. as V.A.D.'s, to the detriment of the training schools. At that time there was a serious shortage of student nurses in Canada, owing in great part to the many channels open to women as a result of the various war activities. As usual, Miss Stanley presented her arguments fearlessly, but with that caustic humor that was so typical of her. She was progressive in all her professional thinking and actions to an almost surprising degree, considering that her professional training and early experience were at a time when many of the leaders of the profession bore the stamp of Victorian autocracy.

Miss Stanley had a charming personality and was almost regal in appearance. She had boundless energy and enthusiasm, and although a great disciplinarian, she was just, and a wonderful teacher and demonstrator. Few women of the older school had more friends and admirers; and those who can look back a decade or two can picture her at the various organization conferences, in which she was always an active leader—handsome, proud, but charitable and always humorous. The nursing profession was much the poorer when Margaret Stanley passed on.

Easter in a Sofia Hospital

Life in any hospital cannot be said to be a continual state of Sabbath calm. We have all had experiences of emergencies when our resources were taxed to the limit, but fortunately Canadian nurses have not experienced the horrors of a hospital during a revolution. The following account of the Easter revolution in Bulgaria by an American nurse in the Red Cross hospital, Sofia, gives some idea of the vicissitudes of nursing in Eastern Europe.

"April 16th was a never-to-be-forgotten day for all of us here.

"I was waiting for a phaeton to go out on my afternoon off when a message came from the hospital to send over the operating room nurses as several accident cases had just come in. Cars began pouring into the yard, with soldiers and policemen everywhere. People were running wild and screaming. When I reached the hospital, the sight that met my eyes was worse than anything I ever saw in France during the war, and I was in the group of base hospitals nearest to the front lines. The corridors and operating room were overflowing with groaning, crippled, bleeding humanity. Everyone was covered with the same grey powder, which proved to be cement and crushed stone. At that time all we learned was that a bomb had exploded during a funeral at the Sveti Kral Cathedral.

"The wounded endured extreme pain without complaining, but the crowd seemed to have gone mad. Everyone gave orders and everyone was looking for his friends. People were literally dying under your feet.

"When I reached the hospital my poor probationers were in the thick of the fray and they knew so little how to meet such a horrible situation. The nurses worked like Trojans and about 7 p.m. a little order began to come out of the chaos. During the night, each patient got a

dose of antitetanus. After the first night, we did not lose a single patient. I am proud of our nurses and think the patients reflect the care given them.

"I don't know what reports you may have heard regarding this horrible affair. I shall try to tell you briefly what seems to be the true story.

"A week before Easter the Communists killed General Georgioff, a highly respected Bulgarian officer. On the Thursday before Easter there was a big military funeral for him at the Svete Kral Cathedral. The King was on his way when the bomb that had been placed in the roof went off—a bit too soon to suit those who had planned it. The plan was to get the King and the Cabinet Ministers, and in the disorganization which would follow the Communists planned to set up their Government. When the bomb exploded the roof caved in and stone and cement were blown in every direction. The Minister of War, though severely wounded, immediately began giving orders. Although all the Cabinet Ministers were in the building none were killed.

"At present no one is allowed in the street after 8 p.m. and two soldiers guard every street corner. The fear of a bloody revolution is almost over now, but the reaction is not by any means enthusiasm or zeal for ideals."

What pride the Bulgarian Red Cross must have felt that it had such a well equipped hospital, well staffed with capable nurses, when such a great need for help arose in their capital.

Since 1884 the Bulgarian Red Cross has interested itself in the bettering of hospital conditions in Bulgaria and owns and operates with success one of the best hospitals in South-eastern Europe. A Red Cross school for nurses was organized in

1900 under the direction of Russian Red Cross nurses—and young women of the best type socially and educationally were attracted into the school, which has always maintained a spirit and idealism for good nursing of an exceptional quality.

In 1902, at the request of the Bulgarian Red Cross, American nurses were secured to direct the school, and have done so continuously since then, Miss Rachel Torrance being the present Directress. The course is two years and nine months. Since the war the Bulgarian Red Cross has become interested in training nurses for public health work and has included theory and practice of public health nursing in its curriculum. Nurses have been sent both to England and America to study this specialty.

Miss Christova, one of the early graduates of this newly-organized school, and a young woman of great initiative, enthusiasm and ideals, has done much in the last few years to bring the nursing work of Bulgaria up to a high standard and to develop public health nursing work. After studying a year in London, where she was sent by the Bulgarian Red Cross to take the International Course in Public Health Nursing, Miss Christova returned eager and anxious to develop public health nursing in her country, where no such work other than that done in a tuberculosis dispensary had ever been attempted. Knowing well her own people, she has patiently and slowly struggled along, demonstrating all her work before asking sup-

port for it. First, her carefully compiled study of all the health, social and economic problems of her country surprised and amazed the doctors and the public officials. Slowly but surely she has awakened a public appreciation of the need for health work. A compulsory course of two months in hygiene and health education was held for the first time last summer. A child health centre, the first in Bulgaria, has been opened, and as Miss Christova said in a letter, "We have had everything given to us and so many are interested in it, but soon we hope to be able to have all painted white because an attractive looking child health centre is so much more flattering to the mothers that they will then love to come."

Among many other activities undertaken by this energetic young Bulgarian nurse are lectures to groups of young women to interest them in taking up nursing and particularly in the good school in Sofia; work to improve the care of young children in hospitals and orphanages; the organizing of classes in home nursing for girls and young women; developing Junior Red Cross work.

The recent graduates of the Bulgarian Red Cross School have organized themselves into what is called the Florence Nightingale Association and publish a small leaflet monthly. The older graduates of this school, which commenced in 1900, are organized in what is called the Holy Trinity Association.

"He has achieved success who has lived well, laughed often, and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved poppy, a

perfect poem, or a rescued soul; who has never lacked appreciation of earth's beauty or failed to express it; who has always looked for the best in others and given the best he had; whose life was an inspiration and whose memory is a benediction."
—Robert Louis Stevenson.

Water

By PETER McARTHUR

YES, I have had an operation! Most writing people when they have an operation nowadays turn it into copy. I am not wishing to be thought eccentric, so I shall do the same.

It took this journey into the Valley of the Shadow to make me discover the finest idea that has ever come my way as a journalist. Perhaps it was because I was having my struggle at the time that the O.T.A.'s and the Moderationists were having theirs—anyway, I saw the mistake that the Prohibitionists have made all the way down the ages, and help is going to be offered to them from an unexpected and still impenitent quarter.

Many years ago "The New York Sun" remarked that the great weakness of the Prohibition movement is that it offers no attractive substitute for what it takes away. The mistake of "The Sun" was just as foolish as the mistake of the Prohibitionists.

When you have been racked by pain you realize that the best beverage on earth is *Water*.

After my imagination had been weaving "arabesques of pain" for hours, some one asked me what I would like to drink. A foolish spirit made me answer, "A John Collins." And I wanted them to bring me one that was made in a tub, and one that I could stick my head right in when I wanted a drink. They brought me such a Collins as you would expect to get in a hospital—and it came back as fast as it went down.

It was then that it dawned on me that what I wanted was *Water*—*Water*. I began making inquiries about the water supply of the hospital when I would finally be turned loose. My imagination gave me pictures of the River Mill when the parched sands whispered to the in-

flowing waters of the reviving spring. I knew then that the love of pure water was older than Egypt—older than anything on which we build our lives of civilization. Men and water must have something in them that is synchronous. The water-bearer of the old Zodiac must have been truly ensymboled.

I wanted water, cold water, and I was told that I must wait at least twenty-four hours. I could put in the spare time thinking out just what I would like in the way of water. I will not arouse jealousy among the purveyors of table waters by mentioning those that I thought of first, but I will mention something that is very important—a matter about which I hope to make a campaign later on.

It is a most regrettable fact that most of the patrons of these table waters want the charged varieties. They do not know the sheer delight of still waters. No grocery or hotel will supply me with any except the aerated varieties, but I kept pestering the doctors for something especially fine in the way of water, and they promised, unhesitatingly, to stir heaven and earth to get the purest table water for me that could be secured. And some time along in the dreary night one of the tubes in my throat began to carry a water of the most marvellous cheer and sweetness. It was not flavored. It was purely a natural water, and it was chilled to an exactness not to be surpassed in the most exclusive club. As I felt my system slowly becoming saturated with this wonder water I found courage to ask them: "I hope it will not be too expensive to buy, because I feel in the future years I cannot live without it."

It was London City water! It was chilled to a nicety, and my whole being rose to it.

Concluded on page 410)

Social Hygiene Exhibit, Brantford, Ont.

By M. E. CAMPION, Social Service Nurse

A most successful exhibit in connection with the educational work being carried on throughout the country in combatting venereal disease, was given in the Brantford Y.M.C.A. Hall recently, by the Provincial Board of Health, represented by Miss E. Moore, Social Service Nurse, and the Canadian Social Hygiene Council, with Miss Estelle Hewson, Ontario representative for that organization. The Brantford Board of Health and local Social Hygiene Council conjointly were responsible for bringing the exhibit to Brantford.

That the public is in sympathy with such a movement was evidenced by the large number of people who attended each of the twelve public showings. The exhibit opened Monday afternoon and showed afternoon and evening, until Saturday night. The first three days were for men only, and at these meetings doctors and male lay speakers explained the models, depicting first various sores and rashes that were non-venereal, and after this, models of the three stages of syphilis, from the chancre sore, the second stage of rashes, mucous patches, ulcerated membranes, etc., and the last stage, showing destroying tissue and hereditary syphilis in infants.

Each afternoon and evening, the Provincial Board of Health film, "The Gift of Life," was shown, followed by a film on venereal disease, as it affects the human body, its prevention and destruction of life. Separate films were shown for the men's and women's meetings. Doctors and interested lay speakers addressed each audience. We were fortunate in having Mrs. Clive Neville Rolfe, O.B.E., with us on the

fourth day of the exhibit to speak to a mixed audience on the work that is being done in all parts of Europe to combat venereal disease and make its prevention possible. She strongly advocated teaching children the true facts of life in the home, starting from the time when they first ask questions about life; teaching them only a little at a time, as they ask for it. If they are at all curious on this subject, there are so many ways they may find out for themselves, and nearly always a very wrong and misleading way. Statistics of today have opened our eyes and we know that the silence of the past generations has merely supplied a medium wherein social diseases flourished and grew. Innocence is no longer a protection; it has become ignorance and danger. The child who is well equipped for life knows the truth about his body and how precious each part of it is, as related to the whole. It is also a very beautiful thing for a child to know why they have two parents and that without both a mother and a father they could never have lived upon this earth. Here, also, they learn the first lesson of self-sacrifice, when they realize that both mother and father gave toward their being. Teach them always the lovely side of family life; it means so much to a child, and makes the world a better place to live in for all of us. A child brought up to the responsibilities of life and society will grow to manhood or womanhood strong in knowledge and self-control. Instead of possibly becoming a victim of venereal disease will be one of the vast arm arrayed against it. Mrs. Rolfe is a charming and convincing speaker and the many truths she put forward will not be forgotten.

The meetings on Thursday afternoon, Friday and Saturday afternoon and evenings, were for women only, and were in charge of nurses; volunteers from the hospital staff, the Victorian Order, and school nurses, who answered questions and explained the models, etc. Miss Moore and Miss Hewson addressed the audiences. Dr. Hutton, M.O.H., and Dr. E. R. Secord were the speakers at two of the meetings.

Nurses taking part could not fail to be impressed by the work waiting to be done. Mothers and daughters alike are anxious to know more about social diseases. The question most frequently asked was, "Why are we only being told about this now? Is it something new?" The answer is simple: the subject is so unlovely that few cared to have anything to do with it in the past. It was only after investigations made at the beginning of the war that doctors, nurses, and social service workers realized that it was the work of this generation to get syphilis and gonorrhea under control. Every nurse can have a share in this work. Of course, the money set aside by the Federal and Provincial Governments and the doctors and nurses employed to carry on will accomplish much. But every nurse can help, and she will find it to her advantage to do so. Many serious illnesses are being laid to their true source, and the public is not so prone to raise its eyes to the sky and say, "Thy will be done," for we know that it is not His will, that He gives us the sword to slay the enemy; and that sword is knowledge.

Too many boys and girls of from 16 to 20 years of age learn of syphilis and gonorrhea by acquiring one or both of these diseases, and while they may be cured by long and faithful treatment, the memory of such an experience is not a happy one to carry through life.

Too many women learn the true danger of what may have seemed to them a harmless discharge when a baby loses, or almost loses, its sight. Many a bottle of "Blood Purifier" has been bought to heal a rash that was really syphilis, and some child born to die too soon or struggle through life a care to every one and a misery to itself, pays for the ignorance and neglect of a parent.

Only a qualified physician is able to treat syphilis or gonorrhea, and it is a good sign that "quacks" and their cures are becoming more unpopular every day.

The boy who thinks he may sow wild oats is looked upon with suspicion by well brought-up girls, and rightly so. He may easily reap a lifetime of suffering for himself or the girl he makes his partner for life. Clean living is the only safe living, and nurses can do much to educate others. Just as we are expected to know and be able to tell the truth about tuberculosis, typhoid fever, carcinoma or any of the diseases we nurse, so are we expected to know about venereal disease.

The Provincial Board of Health, Spadina House, Toronto, Ontario, will supply an abundance of literature on this subject, free of charge, to anyone who asks for it. A splendid book for nurses to read is: "Today's World Problem in Disease Prevention—on Syphilis and Gonorrhea," by Stokes. It is supplied by the Provincial Board of Health.

Through the co-operation of Dr. E. R. Secord, Director of the Brantford V.D. Clinic, and Miss M. McKee, Superintendent of Nurses, Brantford Hospital, the nurses in training were taken in classes to a private exhibit given for them in the mornings. Dr. Secord also gave short lectures to them and explained the models. They were indeed fortunate to receive this instruction at such a time.

Presentation to Miss Jennie Webster

MISS JENNIE WEBSTER

On the afternoon of May 14th, 1925, the members of the Alumnae Association of the Montreal General Hospital, held an At Home at the Nurses' Residence in honor of Miss Jennie Webster, who recently completed her twenty-fifth year of service as Night Superintendent of the hospital. The large drawing room, beautifully decorated with flowers, was crowded with nurses, doctors, and friends of Miss Webster. Miss Frances Reed, on behalf of the Alumnae Association, presented Miss Webster with a platinum bar pin set with diamonds and sapphires, and a bag of gold, with the following address:

"Dear Miss Webster,—On behalf of the Montreal General Hospital Alumnae Association I wish to extend to you our congratulations and good wishes on this, the twenty-fifth anniversary of night duty in the Montreal General Hospital.

"I cannot find words of sufficient depth of meaning to adequately express all that is in my heart to say, and all that I know

the members of the association would wish me to say, but we have gathered together and invited your friends here today to try and express to you our gratitude and appreciation for all that you have done for us individually and collectively.

"By your self-sacrifice, your faithful conscientious devotion to duty, and your love for the suffering, no matter what their station in life, you have shown at all times the true spirit of the nurse and have ever upheld before us the highest ideals of our profession.

"To have turned day into night is indeed a sacrifice and one which few, if any, of us but you could have accomplished, but, by so doing, you have made the sun to shine by night for your patients by your presence in the wards of this hospital and have received and justly deserved the blessings of thousands.

"The spirit in which you have accomplished your great work and carried on through all these years has made you beloved by your nurses, your doctors, patients and friends, and has spread your fame throughout the Dominion and into

other lands, carrying with it and helping to make the reputation of our school.

"The nurses of the Montreal General Hospital have indeed been fortunate, for, though we do go back to the days of Florence Nightingale for inspiration and guidance, yet, having the privilege of training under Miss Livingstone, who is ever in our thoughts, Miss Young, our present superintendent, to whom we owe so much, and you, Miss Webster, we have found added inspiration within our own walls, for you have brought into our school her spirit of true service and devotion. May we be true to the leaders of our school and faithful to the examples that they have set for us. Some few years ago it was estimated that the average working life of a nurse was ten years. But your professional career has trebled that, and during that time you seem to have acquired the secret of perpetual youth.

"We are proud of you Miss Webster; proud that you belong to us and proud of your contribution towards the reputation of our school and profession, and we ask you to accept this gift as a slight token of our love and esteem, and of our gratitude for all that you have done, hoping that you will continue in your good work for years to come."

Among other gifts presented to Miss Webster with the best wishes of the donors were: A Bond for \$1,000 from the Board of Management; a silver case containing Bonds from consulting staff, attending and resident staff, past and present; and a travelling clock from the student nurses. Miss Webster, who was overcome with surprise, thanked everyone in a few words, and assured them she had thoroughly enjoyed every minute of her time spent in the Montreal General Hospital.

Water

(Continued from page 406)

As I remember things mostly in pictures, it was not long until I found the picture of myself taking the best drink of water I ever enjoyed. The picture was easy to recognize. It could not compare with the great fountains pictured by great artists. It was very homelike. It was located at the line fence of our own woodlot. I was stretched out at full length on a snowbank, drinking from the pure ice water that gurgled up through the snow before me.

When I realized that the best drink of water I had ever had was on the home farm, I saw another wonderful thing. For a couple of months each spring we had running to waste at the rate of a gallon a second the finest water I have ever known—at least, the one that makes the most appeal to my palate. If I get off this bed of stupor I hope to buy a little bottling machine, and every spring we shall bottle enough of that water to carry us through the summer for table use.

We could easily have an ice plant, and ice this water to the right temperature and offer it to friends and visitors.

And that raises another point. How few people know how to serve water! My Prohibitionist friends tell me they have good water, and let me drink it from a tin cup kept hanging to a mossy pump. If they were going to offer me a sweet stale ginger ale or soft drink they would probably offer it in cut-glass, or at least in a pleasant pitcher. Only crystal-pure water should be served in crystal, and the epicure who could gather water worthy to be served in crystal would well deserve to be made immortal in song. If our friends the Prohibitionists will teach the children—and will learn themselves—how delicious pure water is, and to avoid messy substitutes, they will not only help to bring about a water-drinking world, but they will spread health and open the doors to better living. — (Toronto Globe.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

Some Curious Indian Beliefs about the Rearing of Children

By MRS. E. L. ARMSTRONG

Since my baby's birth I have been, and am still, learning many queer and interesting things from our people out here in India concerning their ideas on the rearing of children. To us, these confirmed beliefs of theirs seem very ridiculous and incomprehensible.

For instance, one should never remark that one's baby seems to be a healthy little mite, nor that it is gaining in weight. This, it seems, incurs the jealousy of the Evil One, who will inflict the little one with some disease from which it may never recover.

A baby is usually never named for at least three months from birth for fear lest it should die because the gods are displeased with the choice of the name. If it passes its third month of life the infant is believed to stand a good chance of reaching maturity. Some will not name their child for one year, and when naming it will choose such a name as "Pentayah," meaning "Dung," in order that the gods will not be jealous of the babe nor of its name and take it away from its parents. Often the little one is named for a deceased grandparent, but not for a living grandfather, as in that case the latter might soon die and be succeeded too quickly by his son and his son's son after him.

A vast majority of Indian babies are branded, as soon as the cord is tied, with a red hot needle in several places across the abdomen. This is supposed to dispel the evil spirits who cause disorders of the stomach in new-born infants. If a baby has a convulsion, in order to drive out the Evil One, it has to undergo the cruel treatment of having a few red-hot coals put on top of its head or

upon the forehead between the eyes, or over both temples.

As soon as a baby cries they believe it is because of hunger, and nothing else; therefore the wee cherub must be fed immediately! They do not understand that over-feeding is one of the chief causes of digestive disturbance. To feed a baby sterile water, and that out of a bottle with a rubber nipple, why, to them, this is nothing short of the best way of killing a baby with a bad cold or pneumonia. Even the nursing mothers are not allowed to drink anything cold nor to wash in cold water, not even their face and hands, as this is supposed to cause the chilling of the mother's milk—thereby giving the baby colic or a nasty cough.

An infant should never be allowed to travel from one village to another until after its third month is past for fear the evil eye might be cast upon it and thereby cause sudden death; or in transit a crow might fly from left to right instead of vice versa, which would be a very inauspicious sign of impending danger to the infant.

Some of the orthodox Hindu families even yet do not believe in hospital confinements. An expectant mother must go to her own mother's home (if she happens to have one) at least one month previous to her confinement and remain there until the baby's third month of life is safely past. Then the parents wait for a lucky day to journey home with their new, precious treasure. Blessed are the parents to whom is born a male child: especially if he be the first-born; for this is the sign of reward for good deeds committed in a previous in-

carnation of the parents of the newborn.

When a baby sneezes, especially if it is a boy, the relatives or interested friends who hear it, very quickly snap their fingers, to drive away the evil spirits, and say, "Sectaisch, Noorairhaisch," which being interpreted from Sanskrit means: "Live long, may you live one hundred years."

If a stranger happens to be present and look on while a baby is being bathed, after his or her back is turned, the mother will promptly take a whole lot of water and sprinkle it in a circle all over the baby's head while muttering some words which are supposed to remove the curse of the evil eye which may have entered the visitor who was looking at the baby.

An Indian baby gets a large dose of castor oil every morning of its life; without this its bowels cannot move, it is supposed. When I have remarked that my baby has not had a drop since he was born, they immediately ask me how many motions a day he has and how he has them without castor oil.

The Indian diet of a nursing

mother is indeed very extraordinary and too detailed for me to catch as yet. They must not eat an egg nor touch pumpkin for three months, nor must they drink anything which is not very warm.

But most of the Indian babies seem to thrive and get fat on their castor oil and the dirt which they pick up from the ground and stick into their mouths. Then, too, they seem quite healthy despite the absence of warm clothing. A baby a few weeks old will have some old, torn garment put over it to preserve what little body heat it has acquired. It may boast of a tiny, short dress down to its knees, and sleeveless. If it is a little girl, it is sure to have one or two bangles on each wrist and a necklace of some description.

When I go around talking to such people about pre-natal and child welfare care, they are just as amazed at our ideas as we are at their crazy notions and seem to think, "Well, what was good enough for us is good enough for our offspring!"

[Mrs. E. L. Armstrong (nee Evelyn Smith, Toronto General Hospital, 1921), Cocanada, Godaverie District, East India.]

University Extension Course for Private Duty Nurses

A University Extension Course for Private Duty Nurses will be held at the University of Toronto from August 24th-29th. The following subjects are offered:—

Nursing Care in Tuberculosis, 1 hour; Arteriosclerosis, Manifestations and Treatment, 1 hour; Obstetrics—Eclampsia, 2 hours; Focal Infection, 1 hour; Public Speaking, Story Telling, Reading Aloud, 2 hours; Sidelights on some Modern Literature, 2 hours; Skin Diseases—Erysipelas, etc., 1 hour; Cardiac Diseases—Angina Pectoris, etc., 2 hours; Ductless Glands, 1 hour; Nursing Care in Venereal Diseases, 1 hour; Political History, 2 hours; Meningitis, 1 hour; High Blood Pressure and Infantile Paralysis, 1 hour.

The afternoons will be spent at clinics in the Toronto hospitals. These are being arranged by the Private Duty Committee, Graduate Nurses' Association of Ontario. A fee of \$2.00 will be charged for the course, while as far as possible rooms will be provided in the University residences at the rate of \$5.00 for the duration of the course. Rooms may be

occupied, without extra charge, for the full week, if desired, and will be ready on Saturday afternoon, August 22nd. Meals may be obtained near the University at moderate rates. Applications and reservations should be made immediately to Mr. W. J. Dunlop, Director, University Extension, University of Toronto, Toronto, Ont.

An Extension Course has been offered the last two years at the request of the Private Duty Nurses of Ontario to the University of Toronto and has been attended by over five hundred nurses. This year a similar request was made and the University states that it is with pleasure that the request has been granted. It is hoped, therefore, that many nurses will be able to attend this course at which numerous round table conferences will be held, and to spend a week in brushing up and gaining new knowledge relating to the work of the nursing profession. No examinations will be held or certificates issued for the course.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

The Value of a Training School Committee

By GRACE FAIRLEY, Reg.N.

Just as the types of hospitals in the Dominion are varied, so are their politics, and it is not an easy thing to say which is the best type of Training School Committee for any given hospital or groups of hospitals. In some parts of the country we have institutions fairly well endowed, in others those struggling financially to exist although equally necessary to the community, and again we have the municipal hospital kept up by taxation and reasonably free from the worries of income. Realising that, it is almost surprising that the Schools of Nursing connected with these various groups have reached anything like the present standard of education. The various provincial Registration Acts have done much towards standardization of the curriculum both practical and theoretical but they have not been able to solve the solution of the single-handed "fight" of the heads of many Training Schools for their very existence. The constant need of new or added teaching equipment or increase in the teaching staff (so often wholly misunderstood or not understood by the Board of Management) should not necessitate that feeling of almost apology from the unfortunate woman whose duty it is to make the request. In a report on training school budgets given last year at the American Hospital Association Convention, it was shown that the per capita cost of the School of Nursing in a small but representative group of hospitals varied from \$718 to \$1,410. Local conditions could hardly account for such a wide range, and it looks as if in the nursing field, the world over, too much

is left to the individual hospital as to what it will, or will not, provide for its School of Nursing. In the same report it was shown fairly conclusively that the value of a student nurse (with the exception of the probation period) to a hospital was about 80% of a graduate nurse. If this is the case, surely there can be no question as to the responsibility of the hospital to the student.

Provided the personnel of the School Committee includes only those who are keenly interested in, and alive to the needs of the school, that they appreciate what modern and progressive education means and what their responsibility to the student is, it is one of the best methods of dealing with the ever present and increasing problems of a School of Nursing. It means much to the Superintendent of Nurses or Principal of the Training School to have some official body to whom she can go and discuss fully and freely the educational and social elements of her department, to whom she can report regularly, and who acts as her representative to the Board of Trustees.

On such a committee should be the chairman of the Board, the superintendent of the hospital, the principal of the training school, a representative from the medical staff (who understands the educational qualifications necessary in the nurse as well as the demands made of her), also a member of the Women's Auxiliary, if such exists, and some man or woman who has contributed something of value to local educational progress. They should meet fre-

quently, although not necessarily at stated intervals, but certainly at the call of the Principal. They should discuss freely and confidentially any matters of interest such as increase of staff, health of students, curriculum, desirability of affiliations, whether granting such or requesting an affiliated course. Then when any policy is agreed upon, they should submit it in a concise form to the Board. This means conservation of time at meetings of the Board and often much unnecessary publicity, as often representatives of the press are present at these meetings and information that might be of value, if published, gets into the local papers in a garbled form and loses much thereby. There is also, too often a feeling of hesitancy on the part of the Principal to bring up some problem at the regular Board meetings, because she (or the Board) thinks it too trivial, and yet how gladly would she take it for dis-

cussion or decision to some informal but interested committee.

The recommendations of such a committee to the General Board on matters relating to housing, social life, school budgets, etc., have much influence, provided it has the confidence of the Board, which means it must be made up of interested, responsible citizens.

The idea of a School Committee is still fairly new, although increasing yearly in popularity. When first suggested, the fear of undue interference made many hesitate to organize such a body. Yet how gladly does one welcome conference with an experienced group of persons when a real problem presents itself.

In other words, the right type of school committee is of the greatest assistance to the Principal and a great asset to the School.

(Miss Grace Fairley, Superintendent of Nurses, Victoria Hospital, London, Ont.)

Nursing in South America

During the early part of the present year Mr. E. S. Gilmore, superintendent, Wesley Memorial Hospital, Chicago, and president of the American Hospital Association, was a hospital representative of the Methodist Church at an international gathering of Protestant Church organizations in Uruguay. While there Mr. Gilmore made an extensive tour of the leading hospitals in South America. In his account of the nursing conditions, he says, in part (Hospital Management, June, 1925), "Probably the outstanding difference between the rank and file of the hospitals of the South American countries and those of the United States and Canada is in respect to nursing. On account of the attitude of the public of those countries towards woman and because of the century-old customs which limit the activities of the women, especially in respect to work, the average hospital of South America has no nursing such as we know it and in fact the character of the so-called nursing service is a great deal on the plane of what it was in this country thirty-five or forty years ago. A number of splendid schools for nursing have been

started, however, and since the people are showing a great deal of interest in these experiments and also since they have the advantage of opportunities to study the nursing schools of North America and of other parts of the world, I am sure that the development of nursing in South America will be rapid . . . There are no schools on a par with the better schools of the United States and Canada, but there is a gradual wakening of the public to the fact that nursing is a profession which is deserving of the interest and support of the best type of citizens. Consequently the type of young women who are being attracted to the few better schools is much the same as that which makes up the personnel of the schools of North America. A factor which is inducing educated young women to turn to nursing is that the normal schools of South America are turning out more graduates than are required for teachers in the schools, and these young women are becoming interested in nursing. With the backing of the better class of citizens and of the government officials, nursing is bound to make big strides."

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Records for Public Health Nursing

Part II.

By FRANCES KING

Histories must describe the situation found and the work needed, together with all work done that is of significance in the progress of the family's health. A chronological history—that is, a record of visits in the order made, is of doubtful value. It is probably better to arrange the data under headings in such a way that the information relating to each problem will be in one place, easy to enter and easy to find.

Two files are needed: a 5" x 8" file for family histories, with surnames in alphabetical order, and a 5" x 8" tickler file for work slips, which will be discussed in the next article. A third file consisting of a cross index arranged according to street addresses, is sometimes advisable.

The arrangement most in favor at the present time is a folder which serves first as a record of the family, and second as a receptacle for the histories of the individual members.

This folder should be exactly 9½" high by 8" wide, folded with the back edge ½" higher than the front, making when folded 5" x 8", in order to fit a standard filing cabinet.

A folder made of stock cut 10" x 8", and folded in the centre with the top edges even, is harder to locate in a file. If the name is written on the top of the inside sheet, the front of the folder hides it. If it is written on the top of the outside sheet, the folder immediately in front hides it. If, on the other hand, the back edge is higher than the front, not only will there be a little space in front of each name, but there will be only one edge at the top to handle.

As for material, it must fold without breaking, have a good writing surface, be stiff enough to stand in a file without bulging, and be of sufficiently good quality to stand handling.

Card stock, which is in other ways the most desirable, is likely to break where it is folded. If a card is scored at the line of folding, it is weakened. Ordinary paper is not stiff enough.

That leaves two possibilities—manila folder stock and ledger paper of the best quality and heaviest weight.

Manila stock which has a surface sufficiently well finished to take ink without blurring is the better, as it is a little stiffer than ledger paper. The printer will supply samples of manila, which should be thoroughly tested with fine and blunt pens. If the surface is not good, ledger paper is to be preferred.

The printer should fold the folders before delivery, using a folding machine. If folded by hand, they will be a little uneven, making a file with crooked tops that is hard to handle.

Cards must be used for records which are to be filed by themselves. For individual histories going inside the folder, paper is preferable. A good quality 20-lb. bond is as easy to handle and write as cards, and takes much less room.

Weight in paper does not indicate wearing quality. Heavy weight short fibre stock will not wear as well as light weight long fibre paper. The best paper for history use is a crisp hard surface bond.

Sheets for individual histories should be exactly 4½" high by 8" long. If more space is certain to be needed, they may be 16" long, folded to 4½" x 8". A paper history folded at the end is handier to file than if folded at the bottom, as there is less likelihood of slipping the sheets inside each other. When the sheets are 16" long, the first and fourth pages should be used together, and the two inside pages, so that the sheet can be spread open on the desk.

Paper is easier to fold accurately than heavy stock, so that it is not necessary to pay the printer to fold them. It is well, however, to have a heavy line ruled at the exact place of folding.

Most of the headings on the family folder shown in Figures 1 and 2 are self-explanatory. Those which are not, will be discussed in a later article under statistics.

The same is true of many of the headings on the infant welfare history, which has been selected as an illustration of an individual history. Other headings need a little explanation.

Page 1, shown in Figure 3, is an index, showing the nurse's objectives for her work with that particular individual. These may be in print under "Need," or written in. The diagonal in the square immediately following calls attention to the existence of the need. When the nurse has accomplished her purpose, she makes the diagonal a cross. She does this in pencil, however, for bad habits have a trick of returning.

Each time she attempts to correct a need, she enters the date against it. The number of times a subject should be taught before it is abandoned as hopeless depends upon the policy of the organization. The nine spaces allowed in Figure 3 are probably too many.

| | | | | | | | |
|--|--------|---------------------|-----------------------|-----------------------|---------|--|-------------------------|
| Name..... | | Date Birth..... | Country of Birth..... | | No..... | | |
| Under Clinic Supervision?..... | | Date 1st Visit..... | Hist. taken on..... | | | | |
| Under Dr.'s Supervision?..... | | M. F. Leg. Illeg. | Hist. disch..... | | | | |
| Name Family Dr..... | | Why disch..... | | | | | |
| Condition at birth and at 1st Visit: Birth, Wgt.....lbs.....oz. Prem. Full term. | | | | | | | |
| Need | / or x | Dates Taught | | | | | Notes re Aspect of Need |
| Breast Feed..... | | | | | | | |
| Diet..... | | | | | | | |
| Bowels..... | | | | | | | |
| Sleep..... | | | | | | | |
| Air—Night..... | | | | | | | |
| "—Day..... | | | | | | | |
| Bath..... | | | | | | | |
| Clothes..... | | | | | | | |
| "Comfort"..... | | | | | | | |
| (—Need. x—Need met. Make cross in pencil.) | | | | | | | |
| Infant Welfare History. | | | | Name of Organization. | | | |

Figure 3—Infant Welfare History, Page 1, 4½" x 8".

| Feeding History | | | | Illness Record | | |
|-----------------|------------------|-------------|-----------|----------------|-------------------|-----------------------|
| No. Months B.F. | | Why weaned? | | Date | Type and Duration | Physician and Remarks |
| Date | Type and Formula | Remarks | Baby O.K. | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Fig. 4—Fourth Page of Infant Welfare History. The inside pages may be left for notes, or used for a continuation of the above.

How the Need of Maternal Care is Being Met in Toronto

Article II.

By JESSIE M. WOOD, Reg.N.

In studying the needs of maternal care there are four important points to be considered:

1. Finding patients early in pregnancy.
2. Adequate medical and nursing supervision during the pre-natal period.
3. Proper care at time of confinement.
4. Post-natal care.

The outstanding features of the work are educational and preventive. The mothers should be instructed early in pregnancy about the care of themselves and the preparation for and subsequent care of their babies. The importance of early and systematic examination by a physician should be strongly urged in order that necessary advice may be available.

In visiting, the nurse finds that the expectant mother falls into one of three groups:

1. Those who expect to be cared for by a private physician.

2. Those who expect to be confined in hospital.

3. Those who have made no arrangements of any kind.

In Toronto there are three nursing organizations visiting in the homes to give advice and instruction to the expectant mother. The Victorian Order of Nurses and the St. Elizabeth Nurses, who also give bedside care at time of confinement, and the public health nurses, who limit themselves to the educational aspects of the work, leaving the actual practical nursing to the other organizations. The public health nurses co-operate with the Victorian Order and St. Elizabeth Nurses by reporting to them as early in pregnancy as possible the patient who signifies her intention of having one of their nurses for confinement, thus enabling them to carry on their own pre-natal supervision.

When a nurse finds upon her first visit to a patient that she has engaged a physician to attend her at the time of confinement and is under his supervision, she gives no advice unless at request of the physician. Instructions are given the patient, however, about the preparation and sterilization of supplies, making of layettes, etc. Adequate medical supervision by the private physician is, in our opinion, more satisfactory, but, unfortunately, this is not always available.

If the patient expects to go to hospital for confinement and cannot afford the services of a private physician for supervision, she is referred as early in pregnancy as possible to the pre-natal clinic of the hospital where she intends to be confined. In Toronto, there are five hospitals conducting pre-natal clinics, the follow-up work in the homes for four of these hospitals being done by the public health nurses. Our largest hospital has its own Social Service Department which does the follow-up for that hospital. A thorough physical examination is made by the clinic physician on the patient's first attendance. Blood pressure is taken and urinalysis is done on subsequent visits. Pelvic measurements are taken as the physician deems necessary.

The Department of Public Health has established five neighbourhood pre-natal clinics, the object of these clinics being educational. Each clinic is in charge of a skilled obstetrician. It is felt that when the average woman realizes the need of supervision and care during the months preceding confinement, she will place herself during that period under the care of her family physician. Before they will do this, however, they must be educated to the need of such supervision. It is this need which we hope, through the hospital and neighbourhood clinics, to bring home to the public. On the first visit to a neighbourhood clinic, the patient is asked the name of the physician whom she intends to have attend her at confinement, and the physician is notified by letter of her attendance. The records of the case are at his disposal, and for active

medical treatment the patient will always be referred to him. Pre-natal care is not given if the patient has previously consulted her private physician, unless so requested by him.

For the patients in the third group, those who have made no arrangements for confinement, the nurse is even more responsible. Every effort is made to have the patient placed under medical supervision as soon as possible and to have her understand why this is so essential. Often the nurse will have to help the patient make arrangements for her confinement and here the social as well as the physical conditions have to be considered. If the patient goes to the hospital or remains at home, the social agency interested may have to be called upon to help make arrangements for the care of the home and the family. The visiting housekeeper or some one to go into the home at such a time is one of our great needs. The Red Cross Society is trying to help meet this need in Toronto by organizing the Visiting Housekeepers' Committee. This service will in no wise replace the nurses' care, but will provide some one to carry on the work in the home while the mother is laid up.

Post-natal visits are paid by the nurses and the importance of post-natal examination six weeks after confinement is impressed upon the patient, these examinations being made by the private physician who attended or by the hospital where the patient was confined. The patients are advised also by the hospital when leaving after confinement to return for examination.

It is realized what a great deal there is to be done along the lines of pre-natal care and that it is one of the problems uppermost in the minds of physicians, nurses and all those interested in safeguarding the life of the expectant mother and child. In Toronto we feel we are just beginning to touch the fringe of the work, but hope from the resources at hand that much more will be accomplished in the future.

(Jessie M. Woods, Reg.N., Department of Public Health, Toronto.)

How the Need of Maternal Care is Being Met in the Town

Article III.

For the purpose of this discussion, I have limited the type of community to the town which boasts of no local hospital, considering the town with hospital service as belonging to the urban group. In addition, my remarks will apply to nursing care only.

Confinement care in the small town in Ontario at present is given in one of three ways: (1) Full-time Trained Nursing Service, paid for by the patient; (2) Visiting Nursing Service, on a fee (or free) basis; (3) Untrained Nursing Service, paid or voluntary.

I know of no detailed analysis made in the class of community covered by this discussion

which would show what proportions of the total confinements were taken care of by these respective types of nursing service.

So far as No. 1, Full-time Trained Nursing Service, is concerned, I am sure the members present will all agree with me when I say this branch of service will depend entirely on the unselfish private duty nurse who is willing to undertake practice in the small town of Ontario.

Confinement care constitutes the major portion of the nursing needs of a small town. The history of the Visiting Nursing movement shows that the organization of this type

of service has developed as a result of the popular demand that this need be met; similarly, an extension of this service presupposes the active interest and support of the lay body within the small town.

There is not a small town in Ontario today where No. 3, Paid or Voluntary Untrained Nursing Service, is not a factor in maternal care, nor do present conditions indicate that this service can be dispensed with.

In conclusion, therefore, I should like to submit: (1) From a public health and nursing point of view the provision for maternal care in our small towns is far from satisfactory; (2) This can only be remedied by the education of (a) the patient, (b) the public.

(Contributed by a Public Health Nurse.)

NOTE.—The fourth and last paper on "Maternal Care in Ontario" will appear in the September number.

REPORT OF THE PUBLIC HEALTH NURSING SECTION OF THE CANADIAN PUBLIC HEALTH ASSOCIATION

By FLORENCE H. M. EMORY, Chairman,
Public Health Section, C.N.A.

A successful meeting of the Canadian Public Health Association was held in the Mount Royal Hotel, Montreal, June 8th and 9th. One session was devoted to Public Health Nursing, when Miss Edith Hurley, Professor of Public Health Nursing, University of Montreal, was in the chair. Papers were read by Miss Florence Emory, chairman of the Public Health Section, Canadian Nurses' Association, and by Mlle. H. Chagnon, Institute Bruchesi, Montreal.

At the close of the session provision was made for the formation of a section on Public Health Nursing, and the chairman of the Public Health Section, C.N.A., was appointed chairman. A large attendance of public health nurses did much to insure the success of the session devoted to the consideration of the problems of the Public Health nurse as they are related to the Public Health Administrator.

The next meeting of the Association will be held in Toronto, when it is expected that Public Health nurses will show their continued interest by securing a large attendance and arranging a helpful programme for the session allotted to them.

"THEY IS MEASLES HERE"

Speaking of a health conscience, one of our new Canadian citizens from Finland, living at present in Toronto, demonstrated recently that he had absorbed the teaching of the City Health Department.

A case of measles occurred in his family and when the Sanitary Inspector arrived with the official quarantine card he found that the father of the family had one of his own making already tacked up. On it was written in large black letters: "They is measles here".

NOTES ON CURRENT LITERATURE OF INTEREST TO PUBLIC HEALTH NURSES

Nutrition—

Feeding the Family: M. S. Rose, Ph.D.—The McMillan Company.

Nutrition and Growth in Children: Emerson, A.D., M.D.—The D. Appleton & Co.

Food, Health, Growth: Holt, M.D., LL.D.—The McMillan Co.

The Nutrition Class: Its Organization and Development; price 20c — American Child Health Association.

Nutrition Clinics for Delicate Children (Incorporated) at 44 Dwight Street, Boston, Mass., publishes the following pamphlets:—

"A Nutrition Clinic in a Public School," by Dr. W. R. P. Emerson.

"Nutrition Clinics and Classes: Their Organization and Conduct," by Dr. W. R. P. Emerson.

"How to Organize a Local Nutrition Centre: The Place of Nutrition in Bringing the Undernourished Child up to Normal": by E. V. McCollum and Nina Simmonds.

Child Welfare—

Child Management—Bureau Publication, No. 143, Children's Bureau, U.S. Dept. of Labor.

Dreads and Besetting Fear: Williams, M.B.C.M. (Mind and Health Series, edited by H. Addington Bruce.)

The Conquest of Nerves: J. W. Courtney, M.D.—a manual of self-help. (The MacMillan Company.)

Safeguarding Children's Nerves—A manual for parents: J. J. Walsh, M.D., and J. Foote, M.D. (J. B. Lippincott Co.—\$2.00.)

Social Hygiene—

Social Pathology, Vol. 1, No. 6—U.S. Public Health Service, Treasury Dept.

Pamphlets on Social Hygiene for adolescent boys and girls, parents and teachers, may be obtained from the American Social Hygiene Association, 370 Seventh Ave., New York City, N.Y.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal.

Excerpts from Valedictory

By MARGUERITE L. FRADSHAM

So short a time, and yet so long ago, we wandered in from the surrounding country seeking the education which was to fit us for the great, glorious task of dealing with life.

* * *

Of all the big days of our lives I wonder if there will ever come again one quite so thrilling and so wonderful as that bright May morning! I can yet feel that awesome sensation of having one's feet cold and hot at short intervals; of one's ears ringing, tongue firmly fastened to the roof of one's mouth, and with stomach and heart entangled in one's throat. I know that Gray's Anatomy does not give authority for such location, but I am fully convinced that mine were so situated on that particular morning.

We really **did** feel important that first day in our garb of blue, but it wasn't very long before we began to feel very small and unnecessary. That was, fortunately, the first thing we learned: how little we knew and how much we had to learn; but we have never learned yet how much more there is to learn, because each day teaches how much is necessary if we are to cope with the vastness of the great field of work ahead. For we would feel as though our three years had been spent in vain if we were going to be satisfied with what we have now attained, and as our superintendent has always impressed upon us the fact that we must progress, and that we must not remain in the year in which we graduate, so far as our knowledge of nursing is concerned, I am sure each one of us will take advantage of every opportunity which the future may offer us.

It has been the custom to think of the nurse merely as a capable bedside attendant. It is only recently that the public has awakened to the fact of the extraordinary development in the field of nursing. It is true we hope we are capable bedside attendants, but we should be so much more. We occupy positions of the greatest trust and honor, and we hope we will never forget our superintendent's words, spoken to us so often: "Think of the honor to have a mother trust you with her baby, which is to her, without doubt, the most precious thing in her life!" She gives it to our care, knowing it will be as safe as with herself—plus what our knowledge and training can do to help save life or remedy defects. Why wouldn't we hold our heads and hearts high, giving to that patient the best that is in us and practising all that has been taught us?

At first we did think people were unreasonable. Why couldn't we go on doing the things that seemed easy and pleasant? Why did we have to change altogether our whole outlook on life? We thought, as do ninety-nine out of every one hundred, that the rules were harsh and that we had to obey them simply because they **were** rules; that we were made to obey them just because it suited those over us to show their authority, and that was where the wills of those over us won over ours, for slowly, but surely, we came to understand the eternal "Why." Never until one knows and understands the big "Why" is it possible for one to do things properly. Unless a person understands, it is useless to try to do right.

One of the "big" unfair things, we thought, was having to be in our rooms at ten o'clock on nice summer evenings; but I wonder where we would be today had we been allowed to stay up as late as we wished, then up at 6 a.m.!

* * *

You can see it was a big proposition to teach us all the big and little things, which were essential we should know. No one but the nurse herself can appreciate how much she is indebted to the nurses over her, who have taught and set the right example. If we were to stop and think of the many times the younger nurse is following the example of the older ones, would we always do the things we do? It is the little things they notice; and when their professional life is forming we want it to be moulded after the finest and best pattern in the world. We are all so proud of our profession and the hospital that has mothered us, that we wish all coming in contact with it to be a credit. And how quickly our own particular training school becomes "home" to us!

Ever since that memorable 29th day of May, 1922, we have been learning, and we hope we will always continue to do so. At first everything was so strange to us. Each day on the wards, as we observed and were taught, we thought our eyes and ears would actually burst from trying to hear and see so much.

The first horror was the awful 6 a.m. of rising: nobody noticing you or caring what happened to you; everyone making one great rush to get dressed. And in that rush we poor little blue-clad probationers felt very sorry for ourselves. The dining room at 6.30 a.m. was a dismal place, and again we were convinced, against all teachings of Gray's Anatomy, that one's stomach and throat touched. But as time went on it became part of our life. From seven

in the morning until seven at night seemed years long that first summer! The heat seemed so much greater. And then our feet! So often we wondered how feet that felt like ours could be any other size than that of a piano box. The awful feeling that each time you put a foot down it might set the building on fire!

The first really startling event was when we received our caps. I wonder if a crown was ever coveted or worn so proudly as our caps were. We wrote our Probie exams., and then our superintendent talked to us individually on our work and what could be ahead of us if we were but willing. We have never once forgotten those words she said that day, and I know that as we left that office we resolved to give the very best that was in us: after having things made plain to us the way she made them. Why wouldn't we be proud of her? When it is due to her tireless teaching that we see things as we do.

But to go back to uniforms. We were to appear on Sunday morning. We stayed up late Saturday night trying on the garments, then lay awake for hours imagining how we would look: fully intending to get up at least one-half hour earlier to get dressed, so that we should be first in the dining room—for anyone who has gone through the experience knows how utterly impossible it is to saunter unconcernedly into a room arrayed as we were for the first time. But on the eventful morning we overslept! However, we managed to get in and out again without any serious damage being done and the cap question soon passed out of sight amid all the new wonders.

We next had our night duty, where our whole outlook on life was changed again, in so far that our days were turned into nights and vice versa. I think that our first ideas of night duty were very vague.

We never dreamed that people were so sick at night that they couldn't sleep, and we thought that we were to act more or less as guardian angels. We soon found out that our brains and hands and feet had to work the same at night as during the day.

During the next year and a half we passed through the various phases of training in special subjects: the Diet Kitchen training and then our Maternity training; and in our last year came the Operating Room, where we had to learn all over again: where one had to be always on the alert to do the exact thing at the exact time. We had to learn so much, the most outstanding being how big and important are the small things of life. For if we couldn't be trusted to do the small menial tasks, how could we do the big things? And that is one of the big things our training teaches: how much the little things of life count, and to put ourselves in others' places.

* * *

We are taught right from the very first to acknowledge the dignity of the care of disease, and that in the safeguarding of health no act is menial or inglorious. We did learn this, for it is the seemingly small, menial tasks that count the most. We deal with the matter of life and death. We are next to the big, vital things of life; holding all secrets sacred and forgetting them as soon as we leave the patient. The public wants nurses who can comfort, educate, heal and give, and we can only do this when our bodies and minds are sound. We, in our day, hand-in-hand with medicine, are making great advances, and we want to go on and on.

Nursing has reached a high status; but it tumbled once and may tumble again, so we must never feel we have attained the heights of glory, but

go on striving to keep its standard high. As we receive our diplomas this afternoon—while we feel we have reached a goal—we must not be satisfied, but rather we are again just as children starting out: left for the first time on our own resources.

* * *

I think we can all say we have enjoyed it. We graduate today feeling we have done something worthwhile. We have a broader outlook on life and see things altogether differently and we hope we are going to be able to help with life's big problems. There have been the dark spots when one wanted to leave it all, but I think the bright ones have out-numbered the dark, for our reward is great, in seeing the imperfect body made perfect and feeling that our small part has helped. I am sure that is recompense for anything. We have assisted in bringing the new life into the world and been with others as they passed into the beyond.

In leaving, we want to say to the next Senior Class—"Carry on where we are leaving off. Make the most of every opportunity given you, remembering the high standard of our profession, and give it the best you have, for you are entrusted with a more important thing than gold: that is, LIFE."

The way seemed long to come—and yet so short when we look back.

There is a word, the sounding token,
There is a word, beguiled with bright tears,
The saddest word fond hearts have ever spoken,
A little word that breaks the chain of years!

Its utterance must always cause emotion,
The memories it carries never die,
'Tis known on every land, on every ocean,
'Tis called, "GOODBYE."

(Marguerite L. Fradsham, class 1925, Victoria Public Hospital Training School for Nurses, Fredericton, N.B.)



Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

From War to Peace

NURSING IN INDUSTRIAL WORKS

By N/S S. M. DRIVER, Reg.N.

During the war we saw the great necessity for putting forth every effort to preserve man-power. The necessity now is to maintain our man-power in industry. Machinery and the advancements that have been made to relieve man of many of his former burdens have gone ahead in leaps and bounds. Machinery, as such, is a wonderful aid to mankind, but if we place our manhood in the same category we lose tremendously.

We are thankful to say that the heads of many great manufacturing organizations do not look upon their employees as being part of the machinery. Where it is impossible by present proportions for the owner or manager of an industry to know all his employees and their home life, many owners employ welfare workers—nurses or doctors—to co-operate with them, thereby indirectly attending to all accidents and sickness and keeping up the old-time friendly relations between employer and employees and their families.

This industrial nursing ought to be a great aid to the community at large as well as within the industrial organizations because of the effort that is put forth to maintain health rather than to care for the sick, and to prevent accidents rather than to provide recompense for the injured. Everyone who studies conditions ap-

plauds the spirit of safety conventions which have for their object "Prevention of accidents rather than the recompense of the injured." In spite of every safeguard which may be used, accidents will happen. It is necessary to see that the victim of an accident is so cared for that he will obtain the maximum of recovery or restoration of function in the shortest period of time. The chief need for the speediest recovery and the most complete restoration of function and the early return to work is not so much to be considered from the monetary standpoint, as that the morale of the man will be kept up. If a man has a long convalescence in the average hospital, the incentive to work is lost; the tendency to complain is fostered, and association for long periods with other patients who consider themselves derelicts, engenders discontent. The man so hospitalized recovers his morale very slowly and hence is not fit mentally when he has recovered physically. This condition was very apparent during our war service.

In conclusion, one cannot do better than repeat what an industrial nurse was heard to state, "An industrial nurse is valuable to her employer: (1) By first-aid and subsequent care to accident cases she les-

sens the results of accidents; (2) by her home visits she reduces time lost by many cases; (3) by reporting danger points in the plant, so that the workers are protected from accidents and health hazards; (4) by translating clearly to the worker the employer's interest and good-will, both in the plant and in the home, she helps promote pleasant industrial relations. Finally, in her relation to her employer she will at all times to the best of her ability serve his interest and uphold his authority. To the confidence the workers place in her she will give the same respect and discretion that she would observe were they patients whom she

attended in private practice. To develop herself and her work she will keep in close contact with her own profession and its educational opportunities, in order that she may be an intelligent worker and assist in a service that is more than Justice, because it is Humanity and Economy. To do this work successfully, the nurse must possess an abundance of tact and a spirit of co-operation to cope with the various temperaments with which she will come in contact."

(N/S S. M. Driver, nurse in charge of Welfare Department at the Harris Abattoir, Toronto.)

The Union Medical College Hospital, Peking, China

By N/S EDITH McALPINE

Peking Union Medical College Hospital was opened in September, 1921. It is one of the best equipped hospitals in the world: the roof alone costing \$1,000,000, and is quite a landmark from the city.

The hospital is primarily for research work, and has accommodation for 250 patients, but usually 150 to 175 are in hospital and hence sufficient medical and surgical work is carried on to provide the material for research. About 90 per cent. of the patients are Chinese, especially in the public wards. If they can pay, fifty cents (Mex.) a day is charged; otherwise the hospital assumes the care of the indigent patient.

The nursing staff is composed of about thirty foreign nurses, mostly from the United States and Canada, with a few from England. At present Miss Goddard, Mrs. J. McKenzie and Miss Latimer, all ex-nursing sisters in the C.E.F., are on the staff. These foreign nurses come out usually on a four-year contract, with seven or eight months allowed for learning the language. In addition to these there are about thirty Chin-

ese graduates, mostly from the Mission Hospitals, though a few are foreign trained. These are in many cases excellent nurses, especially in routine work, and very congenial to work with.

The pupil nurses are for the most part Chinese, with middle school graduation and a knowledge of English. Their work and training are much the same as that given in any large hospital in America. The Superintendent of Nurses is a graduate of the Training School, Johns Hopkins Hospital, and much of the routine nursing of that hospital is carried on in the Peking institution.

The medical staff is similar to that in any American hospital: but eminent men, such as the late Dr. Emmet Holt, of New York, and others, serve for a period of six months or more.

The intensely interesting and picturesque parts of Peking and its environs, such as the Ancient Temples and the Great Wall, with the delightful social life in Peking, add immensely to the pleasure and interest of the Eastern sojourn for the foreign-born nurse.

News Notes, C.A.M.N.S.

BRITISH COLUMBIA

On Wednesday, June 5th, 1925, at Shaughnessy Hospital, Vancouver, Nursing Sister Jean Warrender, a member of the nursing staff, collapsed and died suddenly while enjoying the afternoon tea hour with her associates. Sister Warrender's death was the result of a heart condition for which she was pensioned at the end of her war service in 1919. She joined the Canadian Nursing Service in 1916 at Vancouver, and after serving at Taplow, England, proceeded to France in 1916, being one of the last of Canadian nurses to leave there in 1919. She was appointed to the Balfour Sanatorium late in 1919 and joined the staff at Shaughnessy Hospital in 1920. Sister Warrender was born in Scotland and received her training there. Previous to coming to Vancouver in 1914 she served under Matron Jean Matheson of Shaughnessy Hospital, in the Queen Victoria Hospital, Revelstoke, B.C. Sister Warrender was buried with military honors and interment was made in the soldiers' plot at Mountain View, Vancouver. The sympathy of Canadian nurses is offered to Sister Warrender's family and to her associates at Shaughnessy Hospital, where she was beloved by all.

On Monday, June 15th, 1925, the death of Mrs. Edward Exton occurred at her home in Alberni. Mrs. Exton was formerly Nursing Sister V. L. Erant, Winnipeg General Hospital, 1905. She is remembered for her unflinching kindness and devotion to duty while she served Overseas with No. 5 Canadian General Hospital in England and in Salonica from 1915-1919. Sister Erant married Mr. Exton on her return and lived at Alberni, Vancouver Island, B.C.

N/S McCormack, Q.A.I.M.N.S., who has been a member of the Victorian Order of Nurses staff, Victoria, left in July for California to join a friend in a chicken ranch venture.

MANITOBA

A memorial service, arranged by the Local Council of Winnipeg, at the request of the National Council of Women in Canada, was held on Sunday, June 21st, 1925, in St. Matthews Church, in recognition of the unveiling of the Five Sisters' Window by the Duchess of York in York Minster, June 24th. Archdeacon McElheran conducted the service, and preached the memorial sermon, after which he read the Honor Roll of the Canadian nursing sisters who lost their lives during the War.

The Nursing Sisters' Club placed a wreath on the monument of the Parliament grounds on June 27th, in proud and loving memory of the Canadian nursing sisters who lost their lives when the hospital ship, Llandovery Castle, was torpedoed off the coast of Ireland on the night of June 27th, 1918.

On July 1st, 1925, at the Misericordia Hospital, Winnipeg, there occurred the death of N/S Margaret Griffith of the Imperial Nursing Service. Various nursing organizations were represented at the funeral which was conducted by Rev. Walter A. Southam of Holy Trinity Church. Interment was made in the military plot at Brookside cemetery. N/S Griffith is survived by her mother, who resides in England.

In honor of N/S Myrtle Jephson, the nurses of the Bureau of Child Hygiene, Winnipeg, gave a surprise party and high tea on July 2nd, when she was presented with sterling silver teaspoons. The guests included N/S Jephson's mother and Mrs. A. Dickson, a friend of the staff.

ONTARIO

In honor of thirteen hundred nursing sisters who gave their lives in the Great War, amongst whom were forty-four Canadian sisters, memorial services were held at important centres throughout the British Empire at the same moment on June 24th, 1925.

The service in Toronto was held in Convocation Hall at three o'clock and commenced at the exact moment when, at York Minster in England, Her Royal Highness the Duchess of York, pulled the silken cord unveiling the "Five Sisters Window" in memory of the nursing sisters who paid the supreme sacrifice. This service was conducted by five chaplains who had served in France and Belgium during the war. The Rev. George H. Williams presided, while Rev. N. A. McEachren offered the opening prayer, followed by the twenty-third psalm, in unison, led by Rev. J. B. Grimshaw. The memorial address was given by Rev. Canon Charles W. Hedley and Rev. Capt. McElhinney of the Salvation Army offered the closing prayer. Immediately following the singing of the National Anthem at the opening of the service was the two minutes of impressive silence at the same time at which scores of groups of other patriotic women throughout the Empire stood in respectful silence to honor those followers of Florence Nightingale who fell in the cause of suffering humanity. Then Matron A. J. Hartley, R.R.C., came to the centre of

the platform and in a quiet voice slowly recited the names on the Canadian Army's roll of imperishable fame, the names of those who in the truest sense of the phrase died that others might live. These names of matrons and forty-two nursing sisters are recorded on the Empire's Memorial at York Minster. Rev. Canon Hedley, who delivered the memorial address, began with a eulogy of the mother country and praise for the Canadian nursing sisters. He vividly described the scenes at the base hospitals in France when during the German advance in the spring of 1918 they had almost been turned into field dressing stations. The wounded poured in; many brave soldiers could not endure the sight of the terrible wounds, but the sisters endured. The sound of anti-aircraft guns, the detonations of German bombs, drove nerve-wracked men almost to madness, but the nurses chatted cheer-

fully to keep up the spirits of their patients. That was real courage. At the conclusion of this eloquent address, "Abide with Me" was sung, and Capt. McElhinney pronounced the closing prayer and benediction. The audience remained standing while the Dead March in "Saul" was played on the organ. This service was arranged by the Local Council of Women, with the co-operation of the Red Cross Society, the Daughters of the Empire, the Women's Canadian Club and the Navy League. Representatives of these organizations were on the platform. The province was represented by the acting prime minister, the Hon. George Henry. Mayor Foster's deputy was Alderman B. Wemp. Major-General Fotheringham, C.M.G., represented the Academy of Medicine, and Col. F. S. L. Ford, C.M.G., M.O., District No. 2, represented the R.C.A.M.C. of the C.A.M.C.

School for Graduate Nurses, McGill University

The following are the names and addresses of the members of the Graduating Class 1925, School for Graduate Nurses, McGill University, Montreal.

Certificates in Public Health Nursing

| | |
|--|-------------------|
| Barnes, Edna Agnes (with distinction) | Montreal, P.Q. |
| Burns, Alberta Lavinia | St. John, N.B. |
| Costello, Helen | Valois, P.Q. |
| Craig, Mary Evelyn | North Gower, Ont. |
| Gardiner, Sybil Senior (with distinction) | Montreal, P.Q. |
| Risk, Gladys (with distinction) | Plymouth, England |
| Weir, Doris | Montreal, P.Q. |

Certificates in Supervision in Schools of Nursing

| | |
|-------------------------|----------------------|
| Heney, Nellie Gertrude | St. Catharines, Ont. |
| Johnson, Marjorie Jean | Hamilton, Ont. |
| Powell, Annie Robertson | Capetown, Ont. |
| Ward, Annie Edythe | Montreal, P.Q. |

Certificates in Teaching in Schools of Nursing

| | |
|---|------------------|
| Batson, Martha | St. Johns, Nfld. |
| Cunningham, Mabel Irene (with distinction) | Millbrooke, Ont. |
| George, Flora Aileen | Masonville, P.Q. |
| Jenkins, Marjorie | Ottawa, Ont. |
| Zinck, Olive Leone | Chester, N.S. |

Training School

| |
|---|
| Montreal General Hospital. |
| Lady Stanley Institute, Ottawa, Ont. |
| d'Youville Training School, Ottawa General Hospital. |
| St. Luke's General Hospital, Ottawa, Ont. |
| London Hospital, England. |
| Queen Victoria Mem. Hospital, North Bay, Ont. |
| Royal Victoria Hospital, Montreal. |
| General and Marine Hospital, St. Catharines, Ont. |
| Hamilton General Hospital. |
| Hamilton General Hospital. |
| Montreal General Hospital. |
| Montreal General Hospital. |
| Victoria Hospital, London, Ont. |
| Sherbrooke General Hospital. |
| Hospital for Sick Children, Toronto, Ont. |
| Royal Victoria Hospital. |
| Teaching in Schools of Nursing |
| Royal Victoria Hospital, Montreal. |

Diploma (granted for two years' course or equivalent) Teaching in Schools of Nursing
Brewster, Constance Eleda Brantford, Ont.

Dr. Helen R. Y. Reid's prizes were awarded to Edna Agnes Barnes for highest standing in Public Health Nursing, and to Mabel Irene Cunningham for highest standing in Teaching in Schools of Nursing (one year course.)

News Notes

ALBERTA

CALGARY

The graduation exercises of the Calgary General Hospital were held in Alazar Temple on May 5th. Mayor Webster presided, Dr. J. B. Follett addressed the graduates, while Dr. D. Gow presented the diplomas and Mrs. Nellie McClung administered the Florence Nightingale pledge to the class which numbered thirty and who made a charming picture in their fresh white uniforms, all carrying bouquets of red roses. Following the graduation ceremony, a dance was held which was largely attended by the nurses and their friends.

The graduation exercises of the Holy Cross Hospital were held in the Alazar Temple on June 16th, when sixteen graduates received their diplomas from Rev. Father Hetherington while Dr. W. Merritt presented the medals. Dr. W. J. Richardson was in the chair and Dr. F. S. McEachren and Mayor Webster addressed the Class. The Florence Nightingale pledge was administered by Miss Eleanor McPhedran. A reception was held immediately afterwards for the nurses and their friends.

The last lecture of a series given throughout the past year to the Calgary Association of Graduate Nurses by various physicians and surgeons was that given in May by Dr. R. B. Deane on Heliotherapy and its uses.

The Calgary Association of Graduate Nurses held its quarterly business meeting in June. Arrangements were made to have printed the revised constitution and by-laws. Nominations for officers for the ensuing year were received and the election will be held at the quarterly meeting in September.

The marriage of Miss Cora Stauffer to Dr. Burke took place on June 10th, 1925, in Calgary. Mrs. Burke graduated from the Calgary General Hospital in 1920. For the past year she was very active as convener of the Social Committee, C.G.N.A. and will be greatly missed by the local nurses. Dr. and Mrs. Burke will reside in Blackie, Alta. A second member of the executive of the C.G.N.A., Miss E. F. Grumett, was married in April to Mr. W. A. Westwood. The marriage took place in Calgary. Mr. and Mrs. Westwood will live in Rapid City, Man.

EDMONTON

Miss Beatrice Guernsey, superintendent of nurses, Royal Alexandra Hospital, left on July 4th, for a well earned vacation, to be spent in Vancouver, Victoria and Alaska.

Miss F. Munroe, assistant superintendent, R.A.H., returned on July 1st, from a delightful holiday trip to the coast and Alaska.

LAMONT

The graduation exercises of the Lamont Public Hospital Training School for Nurses were held on Tuesday evening, June 2nd, in the Union church. An interesting programme was carried out, addresses being given by Rev. A. C. Farrell, B.A., of Edmonton, and Dr. M. A. R. Young, of Lamont. The diplomas were presented by Dr. W. T. Rush and the medals by Miss H. Rice to Misses Violet Letts, Elva McKee, Vermilion; Lillian Hambley, Duhamel; Nettie Redmond, Rachel Hougen, Edgerton; and Caroline Freeman, Gwynne. A prize of five dollars in gold, presented by Miss F. E. Welch, was awarded to Miss Elva McKee for obtaining the highest average in the final examinations. The many friends of Miss F. E. Welch, R.N., former superintendent of nurses, were glad to welcome her to the graduation exercises. Miss Welch is now in charge of the Isolation Department of the Royal Alexandra Hospital, Edmonton. A reception to the graduating class was given on Tuesday afternoon in the Nurses' Residence, when the doctors' wives and the local graduate nurses were hostesses to the Class 1925.

Miss L. Henkleman, L.P.H. 1919, who spent the last year at the Moodie Institute, Chicago, returned a short time ago to her home in Bruderheim, Alta.

Miss Ada Sandall, L.P.H. 1922 has been appointed recently to China by the Methodist Women's Missionary Society. She expects to visit the hospital in September, en route to Vancouver, B.C.

Miss Christine Campbell, L.P.H. 1921, lady superintendent of the Hafford Hospital, Hafford, Sask., recently underwent an operation at the Lamont Public Hospital. Miss Campbell is now at her home in Vegreville and expects to return to Hafford Hospital before long. Miss Violet Letts, L.P.H. 1925, has accepted a position in the Hafford Hospital.

Miss Lillian Hambley, L.P.H. 1925, is at present in the R.M.H. Hospital, Vegreville, Alta.

BRITISH COLUMBIA

The results of the May 1925 Examination for the title of Registered Nurse in this province are as follows:—

Misses C. Spackman (1st), Vancouver General Hospital; H. Tait (2nd), Vancouver General Hospital; R. Yeandle (3rd), Vancouver General Hospital; L. Ginther, F. McIntosh (equal), E. Joyee, M. McIntosh, M. Baker, O. Walker (equal), Margaret O'Rourke, M. Mellish, D. Bell, N. Waldron, N. Foggo, K. Hayden, A. Oldacre (equal), W. Herdman, R. Green, M. Burns, M. Harvey (equal), J. Redmond, Margaret Edwards, M. Gradner, J. Cooper, K. Rooney, J. Ford, E. Owen, A. Sutherland (equal), M. Wilson, V. McDonald, U. Gray, W. Blankwoort, L. O'Brien, I. Smith (equal), M. Phillips, J. Peterson, N. Hickman (equal), M. Williams, M. Moore, M. Richardson, I. Snowdon, H. McQueen, M. Aikenhead (equal), Mrs. Amy Jones, G. Boggs, M. Whalley, L. Buchanan, Mrs. Janet Scott, M. Campbell, G. MacDonald (equal), H. Legge-Willis, E. Acheson, M. Boisvert, K. Graham, E. Smith, H. Douglas, B. Collis, C. Ferrier, M. Hatfield, E. Jolliffe, D. Taylor, H. Minton, M. Harris (equal), D. Holmes, H. MacKenzie, M. Armstrong, I. Galbraith (equal), F. Whillans, F. Shepwash, W. Marshall, B. Thompson, C. Hawkshaw, W. Stewart, Sister Mary Clare, J. Calder, M. Edwards, C. Marshall (equal), M. Joly, B. Barnes, P. Mooney (equal), K. Gray, H. Smith (equal), A. Atkins, Maty O'Rourke (equal), F. Chelmick, J. Mantle (equal), H. Restall, M. Lyons, V. Bishop (equal), E. Latta, M. Gibbons, C. Halpenny (equal), M. Stewart, M. Johnstone, E. Reid, L. Bertois, M. Flower, G. Rowsell, E. Scott, L. Wylie (equal), S. Gray, E. Hartley (equal), M. Hebden, A. Lawrence, W. Yule, H. Elliott (equal), M. Devereux, C. Miller, M. Parke (equal), E. Bowlby, R. Dow, E. Michels (equal), M. Switzer, D. Gussett, M. Henry, N. McClosky (equal), C. Hawkins, N. Smith, M. Shenfield.

NEW WESTMINSTER

Miss Moore, R.N., R.C.H., 1923, has accepted a position in the hospital at Chilliwack, B.C. Miss Richardson, R.N., R.C.H., 1925, and Miss S. Hill, R.N., R.C.H., 1924, have been appointed to the nursing staff of the Hollywood Sanatorium, New Westminster, B.C.

KAMLOOPS

The graduation exercises of the Royal Inland Hospital, Kamloops, took place on May 13th, 1925, when five nurses received their diplomas and medals.

Miss L. E. Moore, R.N., Wellesley Hospital, Toronto, 1917, and instructress at the Royal Inland Hospital, left on July 1st

en route for an extended tour to England and the Continent.

Miss Gertrude May Rich, R.N., of the staff of the Royal Inland Hospital, died on June 27th, after a very brief illness. She was a graduate of St. Joseph's Hospital, Victoria, B.C., and afterwards took a post-graduate course at the Women's Hospital, New York. Miss Rich had been on the staff of the R.I.H. since February, 1925. Besides her parents, Mr. and Mrs. H. N. Rich of Ladner, B.C., she leaves to mourn her loss three sisters. Her only brother was killed in the war. The funeral took place at Ladner on June 30th, 1925. Of a bright and happy disposition, Miss Rich had a large circle of friends, and her untimely death is deeply regretted by all.

ONTARIO

BELLEVILLE

The graduation exercises, class 1925, of the Belleville General Hospital were held on the lawn of the hospital grounds on Wednesday evening, June 17th. The grounds were looking their best and the lawn was gaily decorated with bunting and scores of lights. Mayor Mikel acted as chairman and the address to the class was given by Dr. J. L. Tower. The graduates received their diplomas from Miss Margaret Tait, R.R.C., superintendent, who also gave a most interesting report of the hospital and school for the past year. Those graduating received their certificates for registration in Ontario, these certificates being presented by Mr. Kerr, while the Florence Nightingale pledge was administered by the Rev. C. E. Clarke. The nurses who graduated were: Rhoda Mary Alford, Lakefield; Ruth Elizabeth Coulter, Belleville; Mary Matilda Hales, Peterboro, and Ruby Jennifer Windson, Apsley. Ruth Coulter was awarded the gold medal presented by the Belleville Medical Association, Dr. Tower's prize for surgery as well as the prizes offered by Dr. Cronk and Dr. Hill. Rhoda Alford received the general proficiency prize, presented by Dr. Connor, while all four graduates received hypodermic sets from Dr. Cronk and prizes from Dr. Connor. At the conclusion of the ceremonies an enjoyable dance was held in the Nurses' Residence.

BRANTFORD

Graduation exercises in honor of the class 1925, Brantford General Hospital School for Nurses, were held in the Collegiate Institute, Saturday afternoon, June 13th, when the following programme was carried out. Invocation, Rev. Father Ferguson; the report of the Training School, Miss E. McKee, superintendent;

greetings from the Brant County Medical Association, A. A. Morrison, M.D., C.M.; presentation of school pins and diplomas, Miss K. Bowen, superintendent, Brant Sanitorium; presentation of scholarships by the donors. The first general proficiency scholarship was awarded to Miss Dora Arnold and the second general proficiency scholarship to Miss Leora Cameron, while Miss Grace Durward received the award for excellent practical and executive work, and Miss Dora Arnold obtained the highest standing in obstetrics. A reception was held at the close of the programme and in the evening the members of the graduating class and their friends were the guests of the Board of Governors at a most enjoyable dance.

The annual meeting of the Alumnae Association was held Monday afternoon, June 15th. Following the business meeting and election of officers for the ensuing year, Miss E. M. McKee, honorary president, welcomed the 1925 graduating class as new members of the association. Refreshments were served and a social time enjoyed by all.

On June 5th, the Alumnae Association gave a delightful dance at the Winter Garden in honor of the graduating class of 1925. Miss E. M. McKee, Miss V. Forsythe and Miss H. Potts received the guests. On June 26th, the Association held a well attended and most successful garden party in the grounds adjacent to the Nurses' Residence. The various booths were well patronized and were most artistically decorated with many colored Japanese lanterns and the club colors of blue and white.

Miss Barbara Trumper, night supervisor, and Miss Vera Forsythe, operating room supervisor, have resigned from these positions at the Brantford General Hospital, and are returning to private duty nursing.

HAMILTON

Hamilton General Hospital A.A.

The graduation exercises of the Hamilton General Hospital were held on Wednesday, May 13th, when fifty-two graduates received their medals and diplomas from His Excellency Lord Byng of Vimy, Governor-General of Canada. The address to the class was given by the Venerable Archdeacon Rennison. Scholarships for University courses were awarded to Evelyn Almas, Jessie Spence and M. E. Hooper, while the Emma Pratt scholarship for general proficiency was presented to M. Jane Ecclestone, and the Mary McLaren House scholarship to Eva E. Hulek. The Dr. D. G. McIlwraith prize for high-

est standing in obstetrics was won by Helen G. Aitkens, and the Dr. F. E. McLoghlan prize for highest standing in medical nursing went to Flossie Armstrong.

The following alumnae members sailed in July to visit the British Isles: Misses Anna Thompson, Jessie Jackson, Gladys Webber and Inrig. Miss Ida Ainslee has left for an extended trip abroad.

Miss Gregory, of the O.R. staff, and Miss Hobden, instructor in practical nursing, have resigned from their positions. Miss Gregory has been succeeded by Miss Echlestone. Miss Grace Lowe has been appointed to the outdoor staff of the H.G.H., while Miss Kathleen B. Merritt, awarded a scholarship for Public Health nursing in 1924, has accepted a position with the Public Health Department, Hamilton.

Miss Alice Godden, recently recovered from a long illness, has returned to private duty. Mrs. Rose Hess has returned to Hamilton after spending six months in New York.

OTTAWA

Youville Training School for Nurses A.A.

Miss Mary Crilly, who was operated on recently, is doing well at present. Miss Mabel Gravell underwent an operation a few weeks ago and was obliged to resign her position at the Ottawa Civic Hospital. Miss Kathleen Bayleymet, an operating room supervisor at the Ottawa Civic Hospital, has returned to duty after a short absence due to a slight accident. Miss Mary Collins has returned to duty, fully recovered from her recent operation. Miss Aline Poitras is at St. Agathe for her health. Mrs. Lane (Miss Ida Curran) is still at the Lady Grey Hospital and her condition is unchanged. Mrs. (Dr.) Boutin (née Miss Lillian Dubé, 1923), died at her home in Ansonville in June, 1925.

Mrs. Devitt and Miss L. Brennan represented the Alumnae Association at the annual meeting of the Graduate Nurses' Association of Ontario.

Twenty-four graduates from the Youville School received their diplomas and medals at the graduation exercises held on May 28th, 1925.

Meetings of the Alumnae Association have been adjourned until September.

ST. CATHARINES

The Alumnae Association of the Mack Training School for Nurses, General and Marine Hospital, were represented by Miss Kelmen and Miss Ina Grenville at the Congress, International Council of Nurses, Helsingfors, Finland.

TORONTO

Hospital for Sick Children A.A.

The graduation exercises of the 1925 class of the Hospital for Sick Children were held in Convocation Hall on the evening of June 13th, before a large audience. A large number of former graduates joined the long line of nurses that wended its way from the Hospital to the University. Miss Josephine Hamilton, the first graduate of the school, was among those seated on the platform. The address to the class was given by the Rev. Trevor Davies, D.D., and Miss Kathleen Panton, superintendent, gave the annual report of the school, which showed that a most successful year had been completed. The diplomas and pins were presented by Mrs. L. C. Goodson (Miss Brent, a former superintendent of the school); the Trustees' scholarship was presented by Mrs. W. E. Gallie; the Alumnae scholarship by Mrs. Storey, president of the Alumnae Association, while Mrs. Williams presented the prizes. A reception was held at the Nurses' Home at the conclusion of the exercises. The winners of the scholarships were as follows:—Miss Janet Calhoun, the Wilmot Matthews and the Thomas Wood scholarship, value \$700; Miss Beatrice Stickney, the H. H. Williams scholarship, value \$350; Miss Eleanor Newberry, the Alumnae scholarship, value \$350. Prizes were awarded to Miss Jean Beaton and Miss Eleanor Newberry of the senior class; to Miss Helen Howe of the intermediate class, and to Miss Winnifred Hudson of the junior class. The graduates who obtained highest standing in the examinations were: Misses Minnie Dewar, Janet Calhoun, Eirene Jamieson, Helen Lawrence, Gertrude Fleming, Edith Ranson, Elemor Armstrong. The graduates were: Misses Jean Beaton, Eva Campbell, Nona Cook, Mary Dewar, Jean Gillies, Viola Lyle, Norah Macklin, Margaret Marshall, Mary DeMille, Marjorie Mayor, Dorothy Pell, Reba Simpson, Helen Boothe, Florence Carson, Annie Cooper, Janet Calhoun, Kathleen Crosby, Marjorie Eplett, Anna Foote, Dorothy Fisher, Allen Hoskin, Eirene Jamieson, Mary Johnston, Sarah Lewis, Sadie Mathieson, Annie McDonald, Eleanor Newberry, Sara Oliphant, Mabel Snider, Beatrice Stickney, and Corona Walters.

The annual garden party of the Alumnae was held in the beautiful grounds of Lakeside on Saturday afternoon, June 27th. The honorary president of the Alumnae, Mrs. Goodson, received with Mrs. Storey, the retiring president, and Miss Kathleen Panton, the superintendent of the training school. As usual many of the former graduates were present to re-

new old friendships, and all were glad to welcome back Mrs. Goodson (Miss Brent). Tea was served under the trees on the beautiful lawn and all enjoyed a most delightful afternoon.

Toronto General Hospital A.A.

Miss Marjorie Hendricks, 1921, who recently spent several weeks in the X-Ray department of the Toronto General Hospital has been appointed technician, Union Hospital, Terre Haute, Ind.

Miss Mabel Pratt, 1920, has accepted a position at the Red Cross Hospital, Haileybury, Ont.

Misses Jean Dent and Edna Johnston, 1922, have returned from New York where they spent several months doing private duty nursing.

Miss Velma Hayes, 1922, a member of the nursing staff, Rockefeller Institute, New York, for the past two years, has resigned her position and will spend some time with her sister in California.

The members of the September section, class 1922, resident in Toronto, recently spent a delightful evening and reunion at the home of Miss M. Fry when a shower was given in honor of Miss Evelyn Cameron.

Misses Burnadette Thompson and Mildred Johnson, 1925, are members for the summer of the graduate nursing staff at the Victoria Hospital, London, Ont.

Miss J. Doheny, 1919, is accompanying a diabetic patient to Europe this summer. She expects to be absent for two months.

The following letter from Miss Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital, to the Training School office staff, written from Paris, July 1st, has been forwarded to The Canadian Nurse. Miss Gunn and Miss Russell (Director of Public Health Nursing, University of Toronto), at the invitation of the Rockefeller Foundation, have spent the past three months in England and the Continent studying nursing education.

"Miss Crowell, Miss Russell and I left Paris on May 24th, for Central Europe. We visited two cities in Poland, Warsaw and Cracow, Prague in Czecho-Slovakia, Vienna in Austria, Budapest in Hungary, Belgrade and Zagreb in Jugo-Slavia, Venice and Genoa in Italy. It was most interesting to see all these countries and we had an opportunity of seeing them in a different way from that of the ordinary tourist. Although our time was limited we were able to make the most of it as our time was all planned before we arrived and practically every minute counted. Then we met the people in each city who

were in responsible work, nearly all being government officials or professors of the medical schools, etc. For instance, in Warsaw we were met by the Minister of Health for Poland and also by the Chief of the Hospital Department of the University. I am sure these two men did nothing while we were there as they gave us practically all their time. It was like that in so many places that we felt really under obligations that we could never repay. Then too, we were entertained in several homes and by different people. In that way we saw more of the people and customs of the countries than we could have seen under other circumstances. The people everywhere were most hospitable and are of course much more formal in their manner than we are.

"We had a very interesting time in Vienna but had so much ground to cover that we were about dead when we finished. Our usual programme might be of interest to you. We did all our travelling at night and as far as we could judge every place was a night's journey from the last place. If we left at 9 p.m. we arrived at 6.30 or 7 or even 6 a.m. If we left at 12 p.m. we arrived at the same unearthly hour. We went to the hotel and wakened practically everybody, had coffee and rolls (considered breakfast in Europe), and by nine o'clock we were ready to start out. We went all day and usually had some evening engagement planned for us. If we got to bed at 12 p.m. we were doing well. I forgot to say that we always crossed the border between these two countries about 2 a.m. That meant visits from husky officials to see our passports. We had two series of these, one to let us out of the country we were leaving and two or three to greet us on our entering the next country. After the passports came the customs. We quite lost our hearts to Venice. We fortunately had a weekend there and did not have too much to do so we thoroughly enjoyed it. I had not realized how much the gondola is used for transportation. I rather pictured it as a novelty but found it was the Venice taxi. We stayed in a beautiful hotel, the Danielli. It was an old castle and was perfectly beautiful in the inside. The staircase went up around a court and the walls were different colored marbles. I hated to go out and leave it behind me. Our rooms were so nice too. It seemed so quaint to us. We locked our rooms quite solemnly and then hung the key on the outside of the door! It was the established custom so we all fell in line. I would not want to live in Venice but I could spend a holiday there quite easily. When we reached Genoa we decided to leave Miss Crowell and take an extra day

to come back to Paris by way of Switzerland. We felt it would be too bad to miss it when we were so near. We travelled by day to Montreaux and went through the Italian Alps and a very wonderful range of Switzerland. We stayed in Montreaux all night and had a wonderful room right on Lake Geneva. The next day we went to Geneva by boat, going first as far as Lausanne and lunching there and then on the afternoon boat to Geneva. The boats are very comfortable and are far nicer than our Niagara boats. We had dinner in Geneva and then started out to find the Hall of the League of Nations. We had no idea that it would be open so late but we tried all the doors and finally struck the right one. We went in and saw the whole place which we found most interesting. Then we came out and sat on the edge of the lake and watched the sun set on Mont Blanc. When we got in our sleeper for Paris we felt that we had had a full day.

"When we arrived in Paris we breathed a sigh of relief and felt as if we had returned home. However, we found on reporting at the office, that we were to go on to Brussels the same afternoon. So like good children we did as we were told. We sat in Edith Cavell's office and tried to imagine how she felt when they came there to arrest her. Then we saw where she was imprisoned and where she was shot. The school to me had rather a tragic atmosphere about it as they seem to treasure all Miss Cavell's things and there are all kinds of articles around to keep her constantly in mind, such as the flag that covered her body on the way to England, etc. I spent this week-end at Bruges all by myself and had a wonderful time. They call Bruges the Venice of the North and it certainly is as far as canals are concerned. The canals there are only used for pleasure boats but they are very numerous and very beautiful. The town is simply charming, full of the most interesting old buildings. When I returned to Paris on Monday, we went right on to Bordeaux, where I was particularly interested on account of Dr. Anna Hamilton's school. Dr. Hamilton, we found very charming, but, unfortunately she had fractured her leg and had to be carried from place to place. Of course I met Mlle. Mignot who visited us last year. In the evening the student nurses had arranged a small fete for our entertainment. They were all dressed in different costumes and did all kinds of natural dances and folk songs. It was most interesting and we were delighted with them. They even had an illustrated programme which they had done themselves. When we returned from Bordeaux

we went directly to Soissons which is about one and one-half hours from Paris. It is in the centre of the devastated area and is surrounded by villages that were practically all destroyed. It is simply marvelous to see how these villages have been rebuilt. Some are almost all rebuilt now. In Soissons there are still some ruins and of course the Cathedral will take many years to repair if they can repair it at all. It was actually cut in two. We went to Coucy, a small village of a few houses about ten miles away, to see a health centre. Coucy was occupied by the Germans for a long time and being on a hill overlooking a valley was considered of great advantage to them. The village did not suffer at all from gun fire, but the night before the Germans were forced to retire and give up the village they blew up the whole place with charges of dynamite. They only left one house standing and that one the Kaiser had occupied, so they spared it. The old chateau which was very very old and the pride of the country side was of course completely destroyed. There are only about five houses rebuilt and in the valley below the village they have put up some wooden shacks for a school, a church, health centre, etc. I cannot tell you what a queer feeling it gave me. It made me realize that we had not suffered a great deal from the War except the loss of our men. The courage of the French to start to rebuild village after village is beyond all understanding. Unfortunately the money should have come from Germany but rather than wait, France advanced it from her own Treasury. Now it looks as if Germany would never pay and France is facing a very serious financial situation. Speaking of Germans and money, we were told by dealer after dealer in Venice that the Americans had taken a back seat in regard to purchasing expensive things as the Germans were spending all the money and buying the most expensive antiques, jewels, pictures, etc. And then to see Coucy in ruins and Germany refusing to pay as she is too poor.

"Miss Russell goes on to England next Monday and I will be here until July 15th, when Miss Browne and I leave for Finland. We are going by train to Hamburg, through Germany then to Copenhagen and Sweden and by boat to Helsingfors. By going that way we only have a twelve-hour trip. I have planned ten days in Norway after the congress and then back to London. I am having a week in London to see the city as I did not see much when I was there except miles and miles of hospitals. I have not heard anything of the other Canadian nurses going to Helsingfors and probably will not as they

will go directly from England. I have met quite a few nurses who are going from Europe but there are really very few going compared with all the countries to be represented. They all say the exchange is too unfavorable for them to travel outside their own country and I guess there is some truth in the statement."

After serving for six years as editor of "The Modern Hospital," Joseph J. Weber has resigned to become director of Grace Hospital, New Haven, Conn.

Prior to assuming the editorship of "The Modern Hospital," Mr. Weber was associate director of Boston Dispensary, Boston, executive secretary of the committee on hospitals of the New York State Charities Aid Association, executive secretary of New York City's war committee on hospital and medical facilities and financial secretary of the New York Charity Organization Society.

Mr. Weber is a graduate of Hamilton College, from which he holds the degree of B.A. and M.A., and of the New York School of Social Work. He is the author of "First Steps in Organizing a Hospital."

The Association of Registered Nurses

PROVINCE OF QUEBEC

An Examination for Registered Nurses' Certificates in the Province of Quebec will be held in the University of Montreal and McGill University, Montreal, on September 23rd, 24th, 25th, 1925. Names of Candidates wishing to write must be in the office of the Registrar not later than September 1st, 1925.

Full instructions to candidates may be obtained from the Registrar.

MISS L. C. PHILLIPS
Registrar
750 St. Urbain Street
Montreal

BIRTHS

- CHARTERS**—On June 5th, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Charters (Ida Harcourt, T.G.H., 1915), a daughter.
- DALE**—On July 8th, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Dale (Constance Hunter, T.G.H., 1919), a son.
- DRAPER**—On May 30th, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Draper (Ethel F. Secord, T.G.H., 1913), a son.
- FLETCHER**—On April 27th, 1925, at Timmins, Ont., to Mr. and Mrs. Harvey Fletcher (Minnie Conkey, Brantford General Hospital, 1920), a daughter.
- FRASER**—On June 28th, 1925, at Edmonton, Alta., to Mr. and Mrs. George Fraser (Mary Burnell, Royal Inland Hospital, Kamloops, B.C., 1923), a daughter.
- GROSS**—On June 8th, 1925, at Kitchener, Ont., to Mr. and Mrs. M. Gross (Alberta Fisher, Brantford General Hospital, 1920), a daughter.
- HALL**—On March 11th, 1925, at Winnipeg, Man., to Mr. and Mrs. N. M. Hall (Ruby Taylor, Lady Stanley Institute, 1912), a daughter.
- HOPGOOD**—On June 28th, 1925, at the Royal Inland Hospital, Kamloops, B.C., to Mr. and Mrs. Harry Hopgood (Mary Howe, Royal Inland Hospital, 1923), a daughter.
- McDOUGALL**—On June 16th, at Milton, Ont., to Mr. and Mrs. C. Kenneth McDougall (Ada Spaulding, T.G.H., 1922), a son, James Kenneth.
- SAUNDERS**—On June 17th, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Burt Saunders (Maud West, T.G.H., 1921), a son.
- WILLOWS**—On June 20th, to Mr. and Mrs. C. E. Willows (Marie D'Altrie, T.G.H., 1919), a son.

MARRIAGES

- ARMSTRONG-GRACEY**—On June 23rd, at Knox College Chapel, Nora Gracey, (T.G.H., 1923), to Thomas Armstrong. Mr. and Mrs. Armstrong will live at Beamsville, Ont.
- BROMLEY-STEPHENS**—On June 17th, 1925, Ada Stephens (Brantford General Hospital, 1916), to Dr. James Bromley. Dr. and Mrs. Bromley will reside in Cayuga, Ont.
- BUCHANAN-FREEL**—On Saturday, June 6th, at St. Mark's Church, Niagara-on-the-Lake, Ont., by Rev. C. H. E. Smith, Caroline Bemis Freel (Mack Training School, St. Catharines, Ont., 1919), to Neil Donald Buchanan, of St. Catharines.

- COTTANACK-CAMERON**—On June 24th, at Alliston, Evelyn Cameron (T.G.H., 1922), to John A. Cottanack, of Toronto.
- DENNENNY-QUESNEL**—Annette Quesnel (Ottawa General Hospital, 1924), to Frederick Dennenney, of Ottawa.
- GOURGEON-BERTRAND**—Emma Bertrand (Ottawa General Hospital, 1920), to V. Gurgeon, of Ottawa.
- LEWIS-MADILL**—On June 22nd, at Vancouver, B.C., Vera Gladys Madill (Royal Columbian Hospital, New Westminster, 1923), to W. Wesley Lewis, of Edmons, B.C.
- LOMBARDO-MCLEOD**—On May 28th, Alice McLeod (Brantford General Hospital, 1923), to Thomas A. Lombardo, of Patterson, N.J.
- McGIBBON-LANGDON**—On June 25th, at her home in Toronto, Catherine Langdon (T.G.H., 1921), to Findlay McGibbon.
- NEIL-ROWDON**—On Saturday, June 6th, at Toronto by the Rev. D. W. R. Taylor, Helen Rowdon (Mack Training School, St. Catharines, Ont., 1923), to David Taylor Neil, of Montreal, Que.
- NEWBURY-MARSHALL**—On June 22nd, at St. Barnabas Church, New Westminster, B.C., Mary Helena Marshall (Royal Columbian Hospital, New Westminster, 1921), to Thomas Newbury, of Nanaimo.
- REID-DOUGLAS**—On June 22nd, at her home in London, Ont., Laura Douglas (T.G.H., 1922), to W. H. Reid.
- RUSCIANO-CARRUTHERS**—Penninah Carruthers (Ottawa General Hospital, 1923), to Mr. Rusciano, of New York, N.Y.
- SANDERS-WATTERSON**—Lola Beauchamp (Ottawa General Hospital, 1923), to Dr. Sanders, of Ottawa. Dr. and Mrs. Sanders are residing at Arnprior, Ont.
- SLATTERY-BROODER**—Theresa Brooder (Ottawa General Hospital, 1920), to W. Slattery, of Ottawa.
- TASSE-BEAULIEU**—Emerance Beaulieu (Ottawa General Hospital, 1923), to Mr. Tasse, of Ottawa.

DEATHS

- EXTON**—On June 15th, at Victoria, B.C., Mrs. Edward Exton, of Alberni (N/S Erant, Winnipeg General Hospital, 1905).
- McHARDY**—On June 4th, at Brantford, Ont., Mrs. Robert McHardy (Minnie Smith, Brantford General Hospital, 1923).
- RICH**—On June 27th, at the City Hospital, Kamloops, B.C., Gertrude May Rich (St. Joseph's Hospital, Victoria), daughter of Mr. and Mrs. H. N. Rich, of Ladner, B.C.

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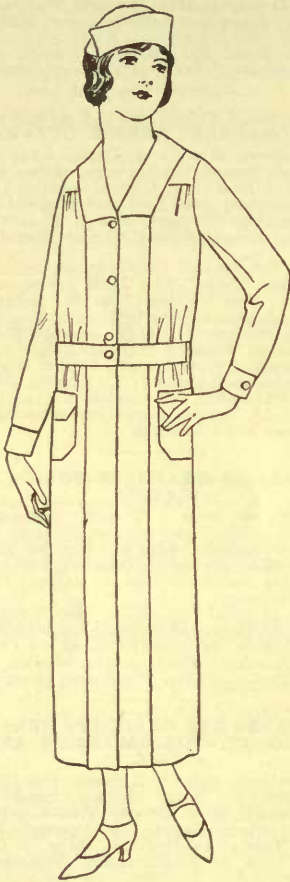
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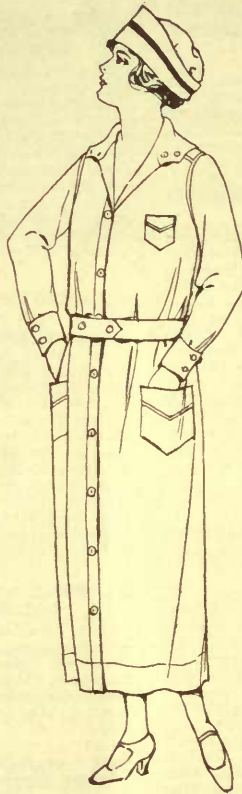
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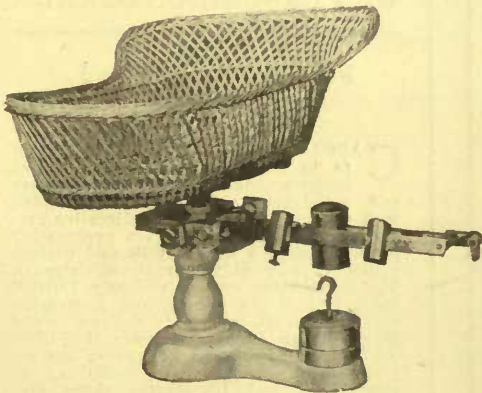
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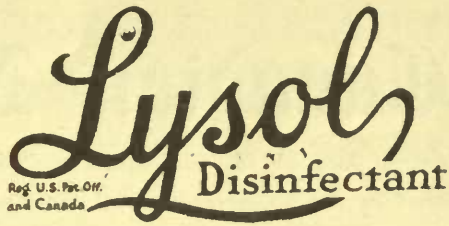
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Some Practical Considerations about the Vitamins

By PROFESSOR A. BRUCE MACALLUM

AT present three elements can be classified definitely under the above heading: the fat soluble or "A" factor, associated with butter, cod liver oil and green leaves of vegetables; the water soluble "B" compound found in milk, bran flours, cereal grains and vegetables; the antiscorbutic "C" substance present in fresh vegetables, the juices of citrus fruits and juices of the suede turnip. These vitamins tend to deteriorate during prolonged periods of storage, through the action of food preservatives, and as a result of heating agencies. Heating for over an hour at the temperature of boiling water, or steam pressure sterilization for this period, will cause food stuffs subjected to these processes to display a demonstrable diminution in their vitamin content. As these so-called "accessory factors" are only a microscopic fraction of the total mass of food materials, attempts to isolate them in a pure state, in quantities requisite for analysis, have proved as yet unsuccessful. The sole method of detection or determination of the degree of activity of these compounds is through feeding experiments upon fowls, rats or mice with the food-stuffs under consideration. These essential factors must be present in the ration for the maintenance of health and life; consequently when the food intake is deficient in respect to these, well defined pathological syndromes follow, known as deficiency diseases or avitaminoses. These appear in both the acute and chronic types, the latter being the result when the deficiency is not absolute but insufficient to maintain

the normal level for prolonged periods.

The acute deficiencies are not met in local practice, with the exception of infantile scurvy, since the population is on a relatively high economic level and has access to a varied selection of food-stuffs. A generation ago even the chronic forms were seen only at very rare intervals, because the preparation of food-stuffs from the products of the soil and herd was entirely domestic. Farmers ground their own grains or had them converted into flour in simple types of mills, so that the flours possessed a high bran and mineral content; cattle were slaughtered on the farm and all the meat products used for immediate consumption. The vitamin fraction suffered little by the use of these primitive methods of converting the crudes into edible materials and negligible quantities were lost in refining the cereals. Today the food industry is highly specialized and on a commercial basis, requiring a large capital investment in plant, storage capacity and transportation facilities; the conversion of large areas into the production of special lines of agricultural products for economic reasons has abolished the self-contained local character of the food industry; while the manufacture of dietetic articles tends toward the production of materials capable of storage and requiring little domestic preparation. The demand for staples of the latter class has led to the production of packaged articles in which the essential qualities are largely deleted by the sacrifice of certain parts to satisfy the aesthetic taste of the consumer or for the pur-

pose of enabling the manufacturer to give the capacity to withstand long periods of storage. Flours are milled to the point where the vitamin fraction of the original grain goes almost entirely into the miller's by-products, and bleaching and chemical treatment practically eliminates the residue. Meat products are stored for weeks and even months, treated with chemical preservatives and sterilized under conditions which partially destroy the essential dietary qualities. The present-day tendency in increasing the consumption of starches and sugars, associated with a lowered vitamin intake in the total food mass, tends to bring about a mild deficiency, since one of the functions of these compounds is to help maintain an increased sugar tolerance.

The primary function of the accessory compounds is that of keeping the mucous membrane of the intestinal tract in a healthy condition, thus maintaining intact the barrier against the entrance of intestinal organisms into the system and ensuring the copious production of the digestive secretions. The digested material is consequently readily absorbed from the lumen of the gut, the musculature is maintained in good tone and the residues are rapidly passed on by peristaltic action and promptly ejected. Experiments on animals in which the effects of a chronic mild vitamin underfeeding have been produced demonstrate that there results a dilated atonic intestinal tract in which the mucous membrane has degenerated, become atrophied and eroded in patches. The resistance against intestinal organisms has declined and they are enormously increased in numbers, invade the glands and often gain direct access to the blood stream from the ulcerated wall of the intestine. There is a tendency to formation of ulcers and the dilated atonic bowel cannot force along or expel the residue with any power or

regularity. Assimilation becomes faulty and the whole system suffers. The dominating symptoms which appear in such a condition are "dyspepsia" and "constipation," a syndrome which seems to be common if one may judge from the flood of proprietaries advertised for these conditions. The remedy in these cases is not to be found in drugs, which only aggravate the atonic condition of the intestinal tract, but in an adequate vitamin supply, such as raw fresh vegetables, fruit, milk and whole wheat breads. But even in this treatment immediate relief is not to be expected since the intestinal condition is the result of months or years of faulty diet and benefit can only be attained by persistent dieting of an adequate quality carried over a long period.

Rickets has been considered as a result of a vitamin deficiency for the past few years. It has always been associated with living conditions where the incidence of sunlight was low. Recent research has proved that the lime and phosphorus deposition in the bone which is deficient in such cases is controlled by the ultra-violet portion of the solar radiation or radiation from any artificial source which is rich in these rays. The antirachitic properties previously ascribed to dietary factors were due to the fact that the food-stuffs have acted as carriers of these rays into the system, and any article of the ration can be made antirachitic by subjecting it to ultra-violet radiation from some artificial source. The coat of tan acquired by exposure at summer resorts and golf courses is a certificate of sufficiency of a supply of these rays, as the burning and tanning effect is produced by this portion of the sun's rays—which is the tonic factor. The therapeutic element of sunlight does not penetrate window glass, so that children brought up where the incidence of sunlight is

(Concluded on page 470)

— Editorials —

With this issue the Canadian Nurses' Association enters its tenth year as owner and publisher of The Canadian Nurse.

It was at the fifth general meeting of the Association, held in Winnipeg in June, 1916, that the representatives of the federated associations in convention assembled, by an unanimous vote, decided to purchase The Canadian Nurse and to have it published as the official organ of the National Association.

At the twelfth general meeting, held in Hamilton in June, 1924, by a large majority vote, the delegates expressed the wish to have The Canadian Nurse published from the National Office. Following this decision the executive committee appealed to the federated associations to make a special effort to gain a large increase in subscribers among the nurses in the Dominion. A comparative table showing the percentage of subscribers in the provincial associations appears on the next page. These percentages are based on the paid-up membership in the provincial associations for the past two years and the number of subscribers appearing on the mailing list for August, 1924-1925.

Congratulations are due the members of the association in the "baby" province of the Dominion as the figures for that province show that at present 55 per cent. of the members are subscribers. Congratulations are also due the provincial association in Manitoba, which shows the greatest percentage increase in subscribers during the past year. While the records show that there has been no increase in the membership of the Canadian Nurses' Association as represented by the total membership of the provincial associations the sub-

scription list for the magazine shows an increase of almost 40 per cent. Unfortunately this increase is not as favorable as it at first appears: it has been found that for every two new names added to the subscription list for the provinces, one expiry has failed to renew. There may be various reasons for so many failing to renew their subscriptions, but it is felt that the majority have been allowed to lapse through forgetfulness or procrastination. In a very few cases it may be owing to financial stringency, and possibly a few may have allowed other reasons to influence their actions.

It might be well for us to recall the time and ability that have been given to the support of our magazine by the officers of the association and by a few members in contributing to the continuance of the magazine; the former also having had the anxiety connected with the financial management of our publication.

Space does not allow us to recount much that has been done by the few, but we would like to remind the members of the federated associations that we owe a debt of gratitude to our officers and contributors. There are various means by which the appreciation of the majority might be expressed to our officers and contributors. The purpose of this article is to urge every subscriber-member to aid the circulation manager of her association to obtain many new subscriber-members during the next three months. Let us make the last quarter of 1925 memorable to The Canadian Nurse and to Canadian nurses as the time when every member of each provincial association became a subscriber to our national magazine.

This is not asking too much of our nurses—if we stop to realize that when one is not a subscriber or is not making an effort to obtain new subscriptions whenever an occasion presents itself we may well be regarded as adverse critics of the members of our executive committee and of our contributors.

Nature may have equipped a few nurses so that they are insensitive to criticism, but it is felt that many are so sensitive to criticism of their best and voluntary efforts in furthering the interests of our profession that it requires infinite courage from them to continue in provincial and national work.

Do we honor members by electing them to office if we promptly neglect—or forget—to do our share in the development of our respective associations and in the maintenance of our official organ—The Canadian Nurse?

We do know that The Canadian Nurse needs every member as a subscriber—and may we add, “every member needs The Canadian Nurse?” May the first months of our tenth year be long remembered as the time when we threw ourselves whole-heartedly into the campaign: **EVERY NURSE A SUBSCRIBER TO HER NATIONAL MAGAZINE!**

REPORT OF INCREASE IN THE CIRCULATION IN CANADA OF THE CANADIAN NURSE: AUGUST, 1924—AUGUST, 1925

| | Subscribers: Aug., 1924 | Subscribers: Aug., 1925 |
|-----------------------|-------------------------|-------------------------|
| Alberta | 23.0% of membership | 23.0% of membership |
| British Columbia | 18.3% “ | 13.3% “ |
| Manitoba | 22.2% “ | 48.0% “ |
| New Brunswick | 22.6% “ | 30.8% “ |
| Nova Scotia | 23.7% “ | 17.1% “ |
| Ontario | 28.9% “ | 38.0% “ |
| Prince Edward Is..... | 12.5% “ | 8.6% “ |
| Quebec | 11.9% “ | 20.3% “ |
| Saskatchewan | 27.8% “ | 55.5% “ |

We wish we could have the pleasure to say in person “Welcome home” to those Canadian nurses who are returning after their trip abroad and attendance at the Congress in Helsingfors. While the official report of our representatives is not yet available, we are able to announce that Canada was well represented at the Congress—representatives were present from our private duty nurses, our public health nurses, our training schools—large and small—and the departments of nursing in our universities. We shall look forward to an increased enthusiasm in our nurses’ organizations after so many having been privileged to meet and mingle with our sister nurses from other countries. Miss Nina Gaga, China, was elected president of the International Council of

Nurses, while Miss Clara Noyes, United States, was elected first vice-president, and Miss Jean Gunn, Canada, second vice-president.

We are very pleased to have this opportunity of offering our congratulations to Miss Gunn, who is superintendent of nurses in the Toronto General Hospital. From 1914 to 1917 Miss Gunn was secretary of the Canadian Nurses’ Association, and from 1917 to 1920 she was president of the same organization. No nurse in Canada is more widely known and greatly admired for her ability, or more sincerely appreciated for her contribution to the nursing profession, and we know that our nurses throughout the Dominion are delighted that such an honor has been conferred on Miss Gunn.

Our readers will be interested to learn that Miss Mabel F. Gray, honorary secretary of the Canadian Nurses' Association since 1922, has been appointed to succeed Miss Ethel I. Johns as assistant professor of nursing at the University of British Columbia. Prior to entering the Winnipeg General Hospital, Miss Gray obtained the first class teachers' diploma. She graduated from the Winnipeg General Hospital Training School in 1907. From her graduation and until 1914 Miss Gray held the positions of ward supervisor, instructor of nurses, and assistant superintendent in her alma mater. In 1914 she was appointed superintendent of nurses, and resign-

ed in 1919 in order that she might take the one-year course in Public Health Nursing, Simmons College, Boston. Miss Gray was appointed organizer and supervisor of Nursing Housekeepers in the province of Saskatchewan in August, 1920, and resigned from that position to accept her new appointment. She has been secretary and registrar of the Saskatchewan Registered Nurses' Association since 1920.

Our heartiest congratulations are offered to Miss Gray, and she assumes her new duties, for which she is so admirably fitted, with our best wishes for continued success in the nursing profession.

Isabel Maitland Stewart

A Biographical Note

Isabel Maitland Stewart was born in Ontario, but at a very early age came with her parents to Morden, Manitoba. She is a graduate of the Winnipeg Collegiate Institute and of the Manitoba Normal School, and taught four years in the public schools of Manitoba before entering the Winnipeg General Hospital for training in 1900.

Subsequent to graduation she engaged for a short time in private nursing and for one year served in the capacity of ward supervisor in the Winnipeg General Hospital.

In 1908 she enrolled as a student in the Department of Nursing and Health in Teachers' College, Columbia University. After one year of college work she became part time assistant to Miss Nutting, continuing her academic course at the same time. She received her Bachelor of Science degree from Columbia in 1911 and her Master's degree in 1913.

In 1917 she was appointed assistant professor and in 1923 associate professor. In 1925 she was appointed professor in succession to Miss Nutting, whom she had so ably assisted for sixteen years.

Her chief interest possibly lies in the task of preparing teachers for

Schools of Nursing. She has been chairman of the Education Committee of the National League of Nursing Education for some years and recently assumed the chairmanship of the Committee for the Grading of Nursing Schools.

In addition to numerous pamphlets and articles she has written in collaboration with Miss Dock, 'A Short History of Nursing.' This volume remains the best text which has yet been published on this interesting subject.

In addition to her other gifts, Miss Stewart is an accomplished and delightful public speaker and has been much in demand at hospital and nurses' conventions.

Possibly no woman living, except Miss Nutting herself, has made as great a contribution to the cause of nursing education as Isabel Stewart. That she was able to do so was not due only to her brilliant intellectual attainments, but also to those sterling qualities of courage and moral steadfastness which have made her what she is.

Her future career will be watched with affection and interest by nurses in every part of the Dominion.—E. J.

The Children of Unmarried Parents

By MRS. J. B. MCGREGOR

As this title affords considerable latitude and it is necessary to keep the discussion within reasonable bounds it has been limited to a description of public opinion in Canada on the problem of illegitimacy as it has been expressed, first, by legislation and, second, by the treatment of mother and child.

Without attempting an historical review of the legal aspect of the subject it might be helpful to hold before our vision for a few moments something which represents the essence of our original Canadian law, merely as a background against which to throw a picture of our present-day legislation.

This matter has always been under provincial jurisdiction, all of the provinces inheriting the principle of the old English common law which was originally designed not to benefit the mother or child but merely to protect the titles and rights of propertied classes. At a later period the principle of making a claim on the father was introduced on the complaint of certain poor-law officials of the heavy drain the support of these children made on the public funds.

With the exception of Quebec, where there seems to be no definite statute on the subject, this old law formed the basis of all the early legislation, with slight variations in the different provinces, usually under the objectionable title "The Bastardy Act," also inherited from England. In every case the emphasis was on the reimbursement of funds and not on the maintenance of the child and the only remedy to enforce it was a suit brought against the father by anyone who had furnished the necessities of life for the child.

The inadequacy of these old acts is illustrated by a study made of the

cases handled by one Toronto organization in 1920. It was found that in less than 10 per cent. of the cases had the father made any contribution towards the expenses of the mother or child even to the extent of a few dollars and less than 1 per cent. were making any attempt to maintain the child.

These facts taken in conjunction with the approximate annual illegitimate birth-rate of 1,000 in Toronto alone would indicate the enormous burden which was being carried by public and private charity and often by incompetent mothers hardly capable of properly supporting themselves, while so many of the fathers were entirely relieved of all responsibility. But the fact that the death-rate among illegitimate children was more than twice as high as that of normal children, and many other significant facts, furnish abundant proof that the burden was ultimately and inevitably borne by the innocent child. It meant that all his life, in addition to the stigma of his birth, he must carry a frail body and weakened constitution.

As far as legislation to remedy this injustice is concerned there was no evidence of any righteous indignation on the part of the public for a great many years except that the liability for admitted responsibility was increased from time to time in certain provinces where a stated amount was named. Then, in 1920, Saskatchewan and Prince Edward Island passed acts legitimating the child by the subsequent marriage of the parents, which had previously applied only in Quebec. Similar acts are now on the statute books of all of the nine provinces. But the principle of demanding permanent and adequate maintenance of an illegitimate child by its father was first introduced into Canadian law in the Act for the Protection of Chil-

dren of Unmarried Parents passed in Ontario in 1921. Similar legislation has subsequently been passed in four other provinces and is under serious consideration in at least three of the others.

As the Ontario act has been in force a little longer than the others it forms the best basis of study and we shall consider it in detail, remembering that it is now law also in Manitoba, Alberta, British Columbia and Prince Edward Island. This act deals entirely with the economic aspect of the question and is not in any way punitive. The moral or immoral behaviour of the parents is not considered at all except in as much as it constitutes evidence of paternity or disqualifies the mother as a proper guardian of her child.

The act provides for an officer known as the provincial officer to have charge of its administration, and provision is made for the division registrar to report to him all illegitimate children registered under the Vital Statistics Act and every birth so registered as to suggest that the parents were not married. The mother may apply to the provincial officer for advice or assistance or he may take the initiative and institute proceedings as he thinks necessary in the interest of the child. The provincial officer may himself be appointed guardian of the child either alone or with the mother and at any time has power to deal with the child as a neglected child under the Children's Protection Act.

Affiliation proceedings may be started by the mother or anyone acting in her interest, and during the lifetime of the father. The time limit is within a year of the birth of the child, or within a year of the doing of any act on the part of the putative father which constitutes evidence of paternity, or, if he has been absent, within a year of his return to the province.

Material evidence is necessary to corroborate that of the mother and upon sufficient evidence the judge makes an order on the father in accordance with his ability to provide. The order having been made, the father may be required to furnish security, and upon his failure to do so he may be committed for contempt of court.

The liability of the father covers the confinement expenses of the mother, her expenses for three months preceding the child's birth and as long after as is considered advisable in the interest of the child. It covers the maintenance of the child for sixteen years and may also include the burial expenses of the mother should her death result from childbirth, or the expenses of the burial of the child. In case of the death of the father after an order has been made, such an order shall bind his estate, but provision is made to protect first the interest of the legitimate wife and children.

The expenses of the administration and enforcement of the act are paid out of the revenue of the province. All litigation arising out of the act shall be tried by a judge of the county or district court, including a police magistrate, or a judge of the juvenile court, and all hearings are *in camera*.

For the most part these acts have passed with the strong support of the entire thinking public and there has been little demand for any change in principle. It is very generally realized, however, that uniformity in these laws is something very much to be desired and also some reciprocal arrangement between the provinces for bringing the absconding parent to justice.

Prince Edward Island is the only province so far that has succeeded in passing the dual paternity clause. This provides that where there are two or more possible fathers the responsibility shall be divided among

them, and is valuable not so much for the extra money that might be secured in this way but because it meets the defense so often made by the man, of promiscuity on the part of the woman. It is to be hoped that this clause will ultimately be embodied in the laws of all the provinces. Likewise the provision in the Manitoba act for the reporting direct to the provincial officer by maternity hospitals any births which appear to be illegitimate.

This legislation has not been long enough in operation to furnish any material for an exhaustive study, but the provincial office in Ontario and some of the organizations handling the greatest number of cases have provided some interesting statistics. Since the act came into force over \$100,000 has been collected, and of this over \$60,000 was during the last year. Over 1,000 children are now benefitting under the act by regular payments of \$20 to \$25 a month.

With regard to the disposition of the children dealt with, 4 to 5 per cent. have died, 4 per cent. have been legally adopted, 2 per cent. placed in temporary foster homes, 4 per cent. wards of the Children's Aid Society, and 83 per cent. are with the mother. Of the cases closed without a financial adjustment being made, 19 per cent. dismissed for lack of corroborative evidence, in 10 per cent. the couples married, and in 42 per cent. the man disappeared. Several organizations report that the payments are about equally divided between the lump sum and the weekly payment basis and that the average lump sum payment is about \$300.

We all realize that the success of this act depends largely on the administration, and as the act becomes better understood and the authorities administering it are better equipped, we hope to be able to make a better showing than this. Some

of these figures are significant in illustrating the difficulties of administering legislation of this kind when for the most part we are working with such very poor human material. But generally speaking, the act is benefitting the girl who most needs it, that is, the girl who is willing and able to care for her own child and who is without other resources. Furthermore, we are confident that many cases are now coming to light which would otherwise have remained hidden, and that the children are receiving better care.

Coincident with these changes in legislation we find the same gradual development toward improved methods of care adopted by those dealing with the unmarried mother and child. In all stages and phases of this work in the past the disapprobation of society has been manifested by more or less harsh punishment and relentless ostracism.

Passing over the period in which the unmarried mother was subject to aggressive public humiliation we shall begin with a consideration of the first attempt at handling the problem in a more or less humane way. We find that this has usually taken the form of the establishment of the old-fashioned maternity home. Most of us have become only too familiar with this type of institution, not from our own experience, but perhaps from our memories or the memories of our parents.

We know the large prison-like building surrounded by the high wall and the "Rescue Home for Fallen Women" or some such damning appellation emblazoned in large letters over the door, the degrading uniforms and the smell of laundry and disinfectant, the herding together of the innocent young girl and the hardened prostitute, the healthy in mind and body with the diseased and feeble-minded. The practice was often common of having every new applicant paraded be-

fore the board and made to tell her story under a gruelling examination. The only relief from constant drudgery would be religious meetings of a very emotional nature where the girl's sin was kept ever before her. For a whole year she would live in an atmosphere calculated to rob her of her self-respect, the very basis of regeneration. Then, without her baby, separation from her child being the reward she had won, she was sent out and forgotten, her last state infinitely worse than her first.

Part of the work of many of these institutions consisted in the running of a baby farm on a large scale, which often developed into a profiteering scheme of the worst sort. Wealthy families would pay to have babies taken and no questions asked. Payments were often made also by adopting parents who would take the attractive children. The fate of the other children would be explained by the enormous death-rate, a death not only countenanced but often augmented by deliberate neglect. It is difficult to understand how such a hideous system could be conceived by kindly and well-meaning people but no doubt it was an improvement on what had prevailed before, and even such an attitude is certainly preferable to that which prevails among many people today who prudishly refuse to recognize the existence of the problem because the subject is objectionable to them. Progress can come only through education which is a result of an intimate knowledge of the subject and in many cases we find some of the chief supporters of the old scheme among the instigators of something far better.

For the sake of contrast, let us consider the spirit which has created one of our most modern maternity homes, a home-like building, beautifully situated, with a capacity for twenty selected girls. Under a name

that carries no stigma it was dedicated within the last few weeks and described as "A rest home for the help and recovery of God's children in need, where young women who have suffered wrong may receive strength, friendship, and refreshment." That description with all that it implies is not over estimating what the girls do actually receive while under that roof, and long after they leave it.

Between these extreme types we find in different parts of the country maternity homes in every stage of development. Unfortunately many of the evils represented by the former still exist in our midst in some modified form.

The first step in their reform came with the rigid enforcement of public health laws. With this came the greater appreciation of the sacredness of human life and was expressed in such advanced methods as the placing of children in private boarding homes, the keeping of young babies with their mothers, and the employment of trained case workers.

But the organizations that have had the best opportunity of practising modern methods are those that have been recently organized apart from any institution. Of these the Women's Directory of Montreal is typical. Such organizations have been best able to develop the technique of their work unfettered by the prejudices and complications that grow up with most institutions. During the last few years there has been a very general realization of the necessity of more individuality in treatment, and a consequent improvement in all phases of the work.

In discussing methods it is impossible to deal with more than one aspect of the question, so we shall confine ourselves to the one which always seems the most acute—the question of the separation or the keeping together of the mother and child.

As applied to the nursing period, practically all workers are now unanimous in theory as in practise that the separation should take place only in very exceptional cases. The principal opposition to this comes from the occasional family physician of the old school, but as it is generally realized that the doctors in such cases are not aiming to benefit either the mother or child, but merely to please the person who pays his bill, usually the girl's father, his point of view is hardly worth considering.

There is more difference of opinion regarding the permanent problem after the nursing period is over. Many of us who may at one time have had in the back of our minds the idea that, given adequate financial support, it was a comparatively simple undertaking for an unmarried mother to keep her child, now realize that it is never simple, always difficult, and often very dangerous. While we realize that every case must be decided on its own merits, there are certain fundamental considerations which apply to all.

Here again we shall have to be limited and shall deal only with the girl who is capable and desirous of being a good mother to her child, and who is assured of permanent and adequate financial support.

We feel that it is a mistake to assume that there is necessarily a clash of interest between the mother and child and that the interest of one must be sacrificed for the other. In the very nature of things they are so a part of each other that there is always something very sacred and fundamental violated in their separation. This is realized by the mother from the very beginning but not always by the child until maturity, but then with increasing intensity as the years pass. In the final analysis the mother and child can give to each other something that no one else in the world can give to either of them. It is there-

fore with a very great sense of responsibility that the social worker approaches the difficult task of trying to advise the mother in making this great decision.

The good worker will not look on her client as something foreign to herself, whose perplexities she cannot understand, but will try to meet her on some common ground. We must know that, whatever her decision, she has a very hard road to travel and that no matter how carefully supervised, she must, like all of us, fight her worst battles alone, her only defense being the strength of character that has been built up within herself. If we feel that one's powers of resistance are strengthened not by shirking one's responsibilities, but by accepting them, particularly those that are the natural consequence of one's own actions, are we helping the girl by urging her to give up her child?

In some cases it may be so, but then we must realize that the girl must be fortified in some other way. Furthermore, we must realize that the biggest thing in her life, that intense passionate human affection, cannot be suddenly withdrawn without creating a vacuum which must be filled by something else either helpful or otherwise. Failure to realize these needs has constituted one of the greatest weaknesses in our case work. If, on the other hand, the girl decides to keep her baby we must not underestimate the difficulties in her way. Time will permit merely the suggestion of some of the most obvious of these.

First, with regard to the girl who has her baby with her, it is inevitable that she should suffer, more or less, from what psychologists might call a complex of inferiority. She always feels that she is scorned by her friends and associates and it is hard for her to rise above that and be her best. Then the presence of the child seems to brand her as a target for the compromising approaches of un-

scrupulous men, such insults often coming from quarters where she should be considered safest from that sort of thing. This danger is accentuated by the fact that she almost invariably has a desperate desire for marriage on almost any terms as her only means of gaining respectability.

Another hardship of which the married mother knows nothing is the fact that she is constantly haunted by the horror of the stigma being attached to her child. This thought brings to my mind the image of one of these girls who, in fighting her battle against fearful odds, incurred the displeasure of a neighbour. The neighbour retaliated by calling her baby a "bastard," and the expression of anguish on that mother's face is something that, once having seen it, one can never forget. Sometimes a successful plan is arranged whereby the girl's family absorbs the child and moves to a strange place. Or the girl may masquerade as a married woman, but although this is not illegal and may not be unethical in itself, it seldom seems to work out satisfactorily as a permanent arrangement. It usually develops into an elaborate system of deception which is psychologically bad for all concerned.

The plan which most workers find most satisfactory is the boarding of the baby apart from the mother. The principal difficulty here is found in the jealousy which arises between the mother and the foster mother. The child naturally becomes fonder of the one who cares for him constantly, and the bond between mother and child often becomes loosened in this way.

But to come back to public opinion, with regard to the mother, we feel that when she has been a good mother, with all that that involves in view of these monstrous handicaps, we must demand that she be accorded the respect and dignity that are

her due. Has she not retrieved the past and is that not the attitude that should be expected from a Christian people? But we have every evidence that it is a very far cry from the attitude that actually does prevail among most people today. It can only be brought about by a long, careful process of intensive education.

From the standpoint of the child, what we have to consider in his separation or non-separation from his mother is the harm that may come to him with the knowledge of his illegal birth, but we must remember that this is not always overcome by adoption. What we have to cope with is the stigma as attached to the child. This seems to be founded on the principle of heredity and our best way of overcoming it is to give these children equal opportunities with other children and prove that under these circumstances they can make equally good citizens.

In the past much of our work with the children of unmarried parents has savoured too much of an unqualified acceptance of the law that the sins of the fathers must inevitably be visited on the children. But that commandment has a saving clause of mercy. What a different meaning it conveys when taken in its context, "I the Lord thy God am a jealous God visiting the sins of the fathers on the children . . . and showing mercy unto thousands." Today we feel that we have made a beginning in the right direction by bringing more of the spirit of mercy into our work by affording better social and legal protection.

In the future all that we can picture in our imagination for these children is expressed in the terms of the covenant made 1,900 years ago, "That they may have life and have it more abundantly."

[Address delivered at the fifty-first annual sessions of the National Conference of Social Work, Toronto, June 25-July 2, 1924.]

The Prevention of Endemic Goitre in New Zealand by a Public Health Nurse

By MARY LAMBIE

NEW ZEALAND consists of two long narrow islands divided into four main provincial districts; Auckland and Wellington in the north island, and Canterbury and Otago in the south. The country is very variable in type and so is the climate.

Through the medical examination of troops for overseas service during the war period, 1914-1918, it was brought to the notice of the medical authorities that a comparatively large percentage of men were being classed as unfit for service owing to an enlarged thyroid and that this was particularly apparent in men from certain districts, Canterbury being the worst. Before this period it was generally known that goitre was very common in New Zealand among women, but the knowledge that men also were largely affected, and particularly those in certain areas, was new.

Owing to the interest these statistics had caused, Dr. Hereus, who is now Professor of Public Health in the University of New Zealand, and Dr. Eleanor Baker, a school medical officer in Canterbury, were asked to make a survey of all the schools in Canterbury at the end of 1920 to ascertain the condition in that province in regard to endemic goitre among school children. The first step was the examination of all the children in the primary schools, about forty thousand, followed by those in the high schools and training college, so that the survey covered a group in which the ages roughly extended from five years to twenty-two years.

Endemic goitre was found to be far more prevalent than had been thought. To show what had been done charts were prepared, and the

goitres were classed as incipient, small, medium and large, so as to obtain a definite picture of the situation. Even among infant children, that is from five to seven years, the percentage showing some sign of enlargement was as high as fifty to sixty; while in high school the percentage of girls similarly affected was ninety-two, and of the boys, about sixty-five. One very interesting fact that became evident from these statistics was that in infant children the incidence was higher among boys than girls: the boys' line gradually dropped, until about twelve they were running even, and then, as was expected, the girls' line rapidly rose while the boys' fell, but not so much as had been thought that it would.

The facts produced were considered to be so serious that the New Zealand Health Department appropriated a certain sum of money to be spent in experimenting in the preventive treatment of endemic goitre to see what could be done.

Three large schools were selected; the parents of the children were circularized explaining what was the aim of the work and asking for the consent of the parent to allow his child to be treated at school, the treatment being absolutely free. Cards were prepared for every child in these schools, whether taking the treatment or not, as the children who were not taking it were to be used as a basis of comparison to those who were. Even in the beginning at least half consented. Every child had a complete physical examination to see that there was no reason why he or she should not take this treatment, and I may say that in a period of five years there was never a single case in which a child was upset by

it. These cards were printed so that the goitre might be entered under one of the four groups and so that they would show whether or not the child was receiving treatment. Examinations were made once a year, and the findings charted.

The treatment consisted of a small dose of iodine once a week for ten weeks in the three school terms, so that each child received thirty doses in a year. At two schools the form of iodine used was sodium iodide; the children were divided into three age groups, the youngest receiving one grain in each dose, the second group two grains, and the older children four grains. The iodine was supplied to the school in crystal form each week, when it was diluted to the correct strength. Each class had its own tray, made of wire-belted stretched over a frame in which the medicine measures sat. The teacher poured out the doses, the roll was called, and the children filed past the teacher, each child drinking its dose as it walked past. At the finish two monitors collected the medicine measures and washed and boiled them before putting them away. At the third school the dose consisted of one grain of potassium iodide in pill form for all ages; the number of doses and administration were much the same as described above. The results of this experiment were very encouraging, and it was found that the child on one grain did just as well as the one on four grains.

In 1924, a special report was prepared for the annual meeting of the British Medical Association. One of the outstanding comparisons revealed that out of a group of girls in the sixth standard—those about to enter high school—who had been under treatment for three years, only fifteen per cent. showed any sign of enlargement of the thyroid; while in a school nearby where conditions of living were similar but where the girls had not received treatment the

same grade showed seventy-five per cent. having an enlargement.

This report was considered so convincing that a recommendation was passed by the British Medical Association asking the New Zealand Government to have all the table salt consumed in the country iodized before being put on the retail market. A certain section of the community, however, considered that if this were done there might be a danger of hyperthyroidism among certain individuals. In order to prove that as good results could be obtained from doses so minute that no such fear need exist two more schools were treated; in one the dose was .1 grain of potassium iodide and in the other .01 grain. During the time this experiment was carried on in the schools careful analysis of soils and vegetables grown in these soils from various parts of New Zealand was made, and it was proved that in certain districts the soil, and everything grown in it, was lacking in iodine content.

For four years I was closely connected with this work and found it intensely interesting. Perhaps the chief lesson I carried away from it was the fact that for successful statistics it is essential to chart accurately and clearly and to have large numbers of children over a long period of years, as, for various reasons, many will have to be eliminated in the final count. Without statistics our experiment would have been valueless to the general public, whom we wished to educate to see the value of iodized salt for a community so largely infected.

The following paragraph quoted from a New Zealand paper may be of interest: "In his anthropological study of the Maori people, Dr. P. Buck, director of Maori Hygiene, has discovered that they were, as a rule, free from the tendency to goitre which is now manifesting itself to a considerable extent among European

colonists. This he told the Dental Conference last week. He attributes this to a large extent to the fact that their foods contained constituents which are said to be lacking in the salt consumed by Europeans."

(Editor's Note: Miss Mary Lambie, of Christchurch, New Zealand, contributed the foregoing article to The Canadian

Nurse. Miss Lambie was invited by the Government of New Zealand to spend the present year in Canada and the United States, where she is making a study of the work being done in nursing education, especially the courses being given to public health nurses. On Miss Lambie's return to New Zealand she will establish and become director of the course for Public Health Nurses at the National Medical University.)

The Operation and Supervision of Swimming Pools in Toronto

By J. F. HAZLEWOOD, M.B.

DURING the last ten years the general sanitation of swimming pools has been receiving an increasing amount of attention, prompted no doubt by the greater interest manifested in one of the most healthful forms of exercise.

The term "general sanitation of swimming pools" includes all those factors that may influence the health and well-being of those persons participating in the sport, and although the problem is primarily one of engineering, there are some phases of the situation which should prove of interest to the nursing profession. The object of this paper is to outline, without entering into minute detail, the methods employed at Toronto for controlling those factors.

The revised rules and regulations relative to the operation of swimming pools throughout the city endeavor to remove any conditions favorable to the propagation of disease resulting from their use, and are the outcome of those drawn up by the Local Board of Health in 1918 and the Provincial Board of Health of Ontario in 1924. They cover such ground as the design and construction of the pools, shower and dressing rooms, personal cleanliness of the bathers, ventilation and lighting, methods of keeping the water in a clean and wholesome condition, and the exclusion of all persons suspected

of suffering from any communicable diseases.

Nineteen swimming pools are now in operation within the city limits, and with the exception of three, all are in use for the greater part of the year. Of the three exceptions, two are open-air pools and are in use for about three months during the summer.

As regards the design and construction of the pools in Toronto, we have both tiled and untiled and those with and without filter equipment. The advantages of a white tile lining are obvious, as any sediment that collects on the bottom of the pool is easily seen and may be quickly removed, and time and labor expended on cleaning can be cut down to a minimum. Filters attached to the pool, besides effecting a reduction in the number of bacteria, result in the saving of water by keeping it in a constant state of circulation and remove any color and turbidity that develops.

Thirteen pools are lined with tile and twelve are equipped with filters, while the remainder are merely concrete basins, coated, in most cases, with some form of concrete paint. Those pools with filter equipment are usually emptied and cleaned in periods of from three months to one year; this process is performed

weekly in the case of those lacking the filter equipment.

As a general rule, from one to two thousand gallons of fresh water are added to each pool daily, in order to remove any surface scum, make up loss from evaporation and splashing, and assist in thoroughly cleansing the scum troughs, which, in all cases save two, are placed near the normal water level of the pool and serve the double purpose of providing a place into which the bather may expectorate, and a handrail for support.

The capacities of the swimming pools vary from 15,000 to 150,000 imperial gallons, and in this connection it is important to note that the capacity has a great bearing on the control of the pool from a sanitary standpoint, with the result that the number of persons using a pool at any one time has been restricted to three per 1,000 gallons.

One might well think that all possible precautions had been taken to render the pool water almost fit for drinking purposes; this, however, is not the case, and the Department of Public Health has made it a rule, a rule which must be enforced, that available free chlorine in amounts of not less than 0.2, nor greater than 0.5 parts per million, must be present during the bathing period.

The application of some disinfectant to swimming pool water, whether filtered or unfiltered, is highly important, as the possibility of diseases of a venereal, ocular, aural or intestinal nature being transmitted from one person to another through swimming in polluted water is ever present; in fact, epidemics of this nature have been traced to this source, although the writer is not aware that such has been the case in Toronto.

Because of this the reader must not imagine that conditions in this city are ideal, for much remains to be

done in this direction, and only by a most rigid enforcement of the rules and regulations, coupled with instructions of an educational nature, will perfection be even approximated.

Returning to the question of chlorination, examinations of pool waters where the process is carried out most effectively have shown that almost complete sterility may be maintained at all times by the use of chloride of lime, but as the personal factor involved is large, the Department recommends the installation of special chlorinating units to attain the desired result. The maximum number of bacteria allowed in one cubic centimetre of water examined, grown on plain agar at 37°C, has been set at 250, with, of course, the absence of *Bacillus Coli* in the same amount.

A great deal of emphasis must also be placed upon the preliminary cleansing of the bather's body before entering the pool. Swimming pools are not intended to be used as huge bath-tubs, and a regulation is therefore made whereby shower baths, with the use of soap, are compulsory. Strange to say, this rule seems to be observed more literally at those pools which are confined to the use of men and boys; the girls and women have formed the habit in most cases of donning a bathing suit prior to taking a shower and represent any suggestion that they reverse this rule as a reflection on their habits of personal cleanliness. It is true that most bathing at pools confined to the use of men and boys is performed in the nude, and that this may influence the result is admitted, but the fact remains that the condition of the water in the majority of the Toronto pools devoted to the use of females is generally inferior to that of the males.

Bathing suits and towels are either laundered on the premises,

sent outside for that purpose, or taken home by the individual bather. On no account should there be any possibility of an exchange of towels and bathing suits being made.

All persons who are suspected of suffering from any contagious disease are excluded from the pool, and spitting in the pool is strictly prohibited.

The Department further requires that the dressing rooms should be well lighted and ventilated, that ample lavatory accommodation be provided, and that a qualified person be in attendance at all times during the bathing period, a rule that does

not receive the attention it deserves at several institutions.

In conclusion, it may be stated that education and regulation may achieve much, but if the general public using the pools demand bacteriologically clean water in which to enjoy their favorite pastime, a long step will have been taken towards the desired end, and you of the nursing profession have a great opportunity in your daily contacts of assisting in this work.

(J. F. Hazlewood, M.B., Director, Division of Laboratories, Department of Public Health, Toronto.)

Provincial District Nurses of Alberta : A Colonization Agency

By ANNIE KENNEY, Reg.N.

At present rural Alberta is the attraction of thousands of settlers and closely following the fact of this increase in population comes, obviously, the problem of keeping these people happy and well while they are becoming accustomed to their environment, or otherwise fitting themselves to become good citizens.

Naturally, the majority of these settlers locate remotely: distances from the railroad are commonly fifty to a hundred miles, over the unfinished and adventuresome roads or trails of a newly-opened country. Here is the setting of the Provincial Nurse. Well trained and carefully chosen, even carefully coached, she offers her best to the district to which she is sent. Her cottage, usually in proximity with a little store or a congenial family, soon becomes a centre of well-directed activity in public health that ought to bear fruit for decades to come.

The nurse is appointed by, and responsible to the Department of Public Health, and her work is entirely consistent with the best in modern medicine. The very practical and clearly defined duties of caring for

the sick—these duties with their thousand and one opportunities for that blessed “human touch”—are easily understood and readily appreciated by these people whether of one tongue or another. Even those few settlers whose means admit of themselves going out for medical care are usually among the first, in these shut-off districts, to value the nurse as a community asset, for these people live closely in interest with one another; the welfare of one is the welfare of all, and comfort comes from the knowledge that, in an emergency, there is a helpful hand within reach kept free for them. Encouragement is also brought to the mother who, worn and weary of the struggle in its different phases, was all too resigned to the slipping away of her little one's life. Then came the nurse, strong and resistant, declaring that the little one was her child and must not, therefore, be allowed to die. A reviving draught it came to that halting mother who lifted her head and replied, “Oh, you and me! Maybe we make him live!” That mother, born in another land, accepted the incident as a form of

Canadian hospitality. She sees in the nurse a type of that nationality to which she is herself aspiring. All around her may be representatives of this country and that, but the nurse is truly all-British, all-patriotic, and (with the inevitable exceptions that only prove the rule) she is all-conforming in mind and in morals to what the country recog-

nizes as fitting. Among these earnest, hard-working people she, in her own special and sacred trust to them of physical helpfulness, and in her intimate knowledge of their conditions and dependence, is no uncertain reality. Her worth, measurable and immeasurable, ought not to be undervalued as a colonization agency.

Address to Graduating Class

By Dr. EBERTS

We are here this afternoon to do honour to a group of nurses who have successfully concluded three year's work in the training school of this hospital. I feel sure that I shall voice the desire of this audience in extending to them congratulations and good wishes.

In accepting, as a signal honour, Miss Young's invitation to take part in this afternoon's function, I received the impression that whatever I had to say should be addressed specifically to the members of the graduating class.

During a period of thirty years' undergraduate and graduate attendance at this hospital, it has been my good fortune to have known nearly all, and to have been the friend of many, of the nurses who have passed through the training school, and I am proud to say that I know of none who has been a failure. There are certain fundamental reasons for this high standard of success, which I am confident that you, too, will attain. First and foremost, there is the original quality of mind which leads one to choose as one's vocation the profession of nursing, the keynote of which is a desire to serve. Second, the unerring judgment displayed by Miss Livingston and Miss Young in choosing the few from the many, for full vision comes only with diligence and self-denial and one may mistake one's calling. Then, while those womanly and endearing qualities which find such scope in the profession of nursing are in some measure the birthright of all women, they are possessed in fuller measure by the few. Thirdly, the sound training acquired in the wards and class rooms, the high ideals and ethical standards held up by the staff of the training school, and the enforcement of a discipline which to many a pupil nurse has proved to be, in its acceptance, the beginning of wisdom. And, lastly, the sweet lavender of tradition, which tends to keep one's feet set aright in the path of unselfishness and public service—that tradition begotten and bequeathed by those who have laboured here before us.

Today you are enrolled in the membership of an ancient and revered profession. As to the antiquity of your calling we have no accurate knowledge, but it is safe to assume that it is as old as maternity. The art of medicine, in comparison, is but as a babe in arms. Modern nursing as you understand it, however, may be said to date from the Crimean War; and, although one may think the various and conflicting reasons voiced by historians for the Crimean War wholly inadequate, we, as members of the allied professions of medicine and nursing, have reason to give thanks for the beneficent outcome in the way of hospital and nursing reform to which it gave rise, through the advent of Florence Nightingale.

It is customary on these occasions to add something to the admonitions of your teachers, something in the way of advice. Upon what grounds can advice be offered? I should like to say something about those special virtues looked for in the trained nurse: tact, sympathy, understanding, patience, gentleness, cheerfulness and discretion, all bound together with that saving grace—a sense of humour.

Tact I purposely enumerate first, because, in spite of its supposed universality, it is often so conspicuously wanting in the young, though, indeed, it must be cultivated at all ages. Patients quickly learn to appreciate the nurse who displays tact in adequate measure, precisely at the right time.

Sympathy is the atmosphere in which many patients live and have their being. To decide how liberally it should be dispensed will often tax your judgment. But there is a special sweet sympathy which is of the heart, which blesses alike the giver and the one to whom it is given, and which is called into being in the face of those sorrows and tragedies so inevitable in the life and death of man.

Understanding comes only to those who know and love their fellow beings. What a unique opportunity the hospital wards and

the out-patient department have offered you for the study of varied types of humanity, and where better could you have learned to give rein to sympathy and human solicitude? From the babe in arms, wholly dependent upon the fostering care of the parent, to the poor old woman who shows her chronic ulcer, with countless variations in age and infirmity set between, where indeed could you have found a more fruitful soil for the growth of your understanding of life?

And with this understanding comes patience, so essential and yet so difficult to maintain in these crowded wards and clinics, where unremitting demands upon one's time and energy might well destroy the props from beneath one's temper.

Gentleness is not only lightness and deftness of the hand, but also softness and pleasantness of the voice. The heavy hand may be trained to deftness and an unsympathetic or even irritating voice may be mollified by practise, and both are to be diligently cultivated if a nurse is to attain to the highest aesthetic standing in her profession.

The indulgence of a well-balanced optimism not only brings cheerfulness to the patient, but lightens the more onerous duties of the nurse.

Within recent years specialization in medicine has appreciably thinned the ranks of the general practitioner, and in an increasing degree the role of friend, confidante and guide has been shifted to the shoulders of the nurse. Our older graduates have all acquired a regular clientele among the families in the communities they serve, and in proportion as they have displayed discretion they have become the family confidante. This honourable position carries with it grave responsibilities. I would, therefore, urge upon you the practice of reticence, as formulated in the words of Hippocrates: "Whatever in my professional practice, or even not in connection with it, I see or hear in the lives of men which ought not to be spoken of abroad, I will not divulge, deeming that on such matters we should be silent."

Finally, of these virtues one would pay a fitting homage to perhaps the greatest of all—a sense of humour. Without this it is

well nigh incomprehensible how any nurse or practitioner of medicine can faithfully follow the path of duty year in and year out, without sinking into the abyss. Even in those tragic acts where pathos and melancholy would seem to hold the stage, one often unexpectedly finds a humorous note, frequently and of course unconsciously furnished by the relatives, who are prone to display a vital cleavage in views as to the gravity, from a family point of view, of an approaching end.

These virtues constitute character; and, in proportion as you practise them your characters will develop. Florence Nightingale is revered less for her concrete accomplishments in reform than for her personal character. In beauty and dignity that figure is beyond praise. Learned, observant, humane, with a profound reverence for the claims of her patients, but with an overmastering desire that her experiences should benefit others; orderly and calm, grave, thoughtful and reticent, pure of mind, Florence Nightingale will ever be the ideal nurse—a figure which has held sway in all training schools for seventy-five years, and an influence comparable only to the influence exerted by the founders of the great religions.

This leads us to a concrete philosophy of life—the philosophy that holds that one's vocation is one's religion—tersely expressed to me by an honest sailor man, who, when asked his religion, replied: "Well, sir, I was born a Catholic, but I follows the sea."

And now it is but left for me to wish you adieu and godspeed, which I do with mixed feelings of pleasure and regret: pleasure in that you should have attained the desired end; regret that some of your number at least will no longer take part in the work of this hospital. It will, no doubt, be the lot of many of you to forsake nursing for the comparative ease and security of domestic life; but, whatever fate may decree, I feel confident that your lives, enriched by your training within these walls and your acquired understanding of life—embracing the mysteries of birth and death—will not fail to be a blessing to your day and generation.

(Address by Dr. Eberts to the Graduating Class, 1925, of the Montreal General Hospital.)

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low are liable to develop a rachitic condition, which can only be remedied by exposure to the summer sun, the quartz lamp, and by being furnished with rations previously irradiated by this means—thus ensuring the maintenance of the normal bone nutrition.

(A lecture by Dr. Macallum, Department of Biochemistry, University of Western Ontario Medical School, given before the Edith Cavell Association of London, Ont.))

The peoples who have made liberal use of milk as a food, have in contrast, attained greater size, greater longevity and have been much more successful in the rearing of their young.—E. V. McCollum.

Milk, eggs and the leafy vegetables, the protective foods, are so constituted as to correct the dietary deficiencies, of the seeds, tubers and meat.—E. V. McCollum.

Occupational Therapy

By KATHLEEN PANTON, Reg.N.

The Occupational Aides have many friends within the walls of the Hospital for Sick Children. Why? Because we recognize their worth, and we are convinced that they are highly trained and very carefully chosen. These workers are well-versed in psychology and they study the behaviour of the patients in the most astonishing way. For instance, they know the likes and dislikes of every child in the ward, and in a second they detect signs of fatigue and lack of interest, with the result that the children under guidance are always very happy.

In connection with the Neurological Clinic of our Outpatient Department, we have an observation class for atypical children. To this class come children who have become problems at home, or in the neighbourhood, or who are unable to keep up with others of their age at school. In this classroom they are first introduced—not to books and pencils and rules—but to toys and games and many delightful forms of handiwork, such as sewing, knitting, weaving, etc.

Many of these children are mentally subnormal and they will never be able to make much progress in actual book-learning, but often during their brief attendance, which is only for a few days, they demonstrate that they can be taught to do a great many useful things with their hands. If these children are trained in Occupational Therapy they may become useful and happy members of society. Throughout the Province of Ontario there are over one hundred similar auxiliary classes, forty of these being in Toronto.

Picture if you can the following types of children always to be found in our hospital:

1. The accident patient, who suddenly finds himself in a gigantic ward surrounded by strange faces and all types of illness.

2. The patient who was dangerously ill and has now wearied of hospital routine—of temperature taking, of dressing of wounds and of doctors' visits.

3. The neurological child who is mentally below par.

4. The up-patient who is so nearly normal that he finds it difficult to keep his energies in check.

For an example of this last type: A boy with an iron brace broke a window into many pieces. It was not done with malicious motive, but because he needed something to do. Another boy was asked why he wanted to make a fern basket. He answered, with a twinkle in his eye: "I want to use a hammer and nails."

Convalescence in children is always trying, as they are not able to carry on their normal activities. To them, therefore, occupational therapy is a god-send in every sense of the word.

When tools or materials with which to work are put into their hands they at once begin to live again. By this I mean that the normal working of their imagination is quickly put into play.

At our Summer Hospital on the Island wonders have been performed through the teaching of arts and craft. In fact I may add that during the season dozens of orders are taken for baskets and trays and weaving work. The patients from the Heather Club Pavilion have won great renown for this work.

I regret to say that we have an Occupational Aide for only one ward in our city hospital. Her visits are looked forward to with the greatest anticipation. Directly she makes an appearance there are cries from all corners: "May I make a basket?" or "May I make a purse?" etc., and in a short time the snapping eyes and nimble fingers are busily engaged.

(Concluded on page 476)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

Keeping Fit

By a Private Duty Nurse

The private duty nurse is inclined to neglect her social obligations. It is questioned if it is not possible for her to engage in more diversion of a social nature without neglecting her work. She is inclined to exclude everything else while "on a case," and her friends and relations often feel that it is useless to include her on their invitation list.

Is it any wonder that the nurse who has been engaged for some time on a case, especially on night duty, becomes—perhaps unknown to anyone but herself—irritable, listless and dissatisfied?

Any successful business man knows that frequent diversion, daily, if possible, is necessary to the success of his business, because of the buoyancy of spirit which it is necessary to maintain in order to reap the full benefit of, and enjoy his work. The mere fact of getting together at occasional luncheons or banquets contributes much to the interest of their problems, and the burden is lightened with the knowledge that it is shared.

But it is not enough for business man to meet with business man; and after the banquet, when the interests relating to their work have been discussed, the social evening is enjoyed. The wives and daughters or other lady friends are present; business topics are dropped and lighter conversation takes its place, and music, dancing or other entertainment is enjoyed. Of course there cannot be a banquet every day, but almost every business man engages in sport of some kind, or has his motor car to which with his family or other friends he can turn for diversion. But what has the private

duty nurse, particularly those who live in rented rooms? If she is the only "roomer" in the house she is apt to be left to her own devices. Naturally, with little or no interest for the evening, she imagines that she is too weary for anything but to read a book or magazine and retire early, that she may be ready for the early rising and twelve hours' duty the next day. If there are two or more nurses living in the same house, their conversation is apt to relate to their cases, thus affording little opportunity for other interests.

While this condition may not exist in the larger cities where there is diversion of an entertaining nature when the day's work is done, it is certainly true of the smaller centres.

The day's work for the nurse means twelve or more hours of exacting duty, when almost every personal impulse must be smothered. She must at all times be serene and bright, that the patient's mental condition may not suffer from any cloud upon her face. She must be continually observant of the patient's condition and comfort, not only of body but of mind, while carrying out the directions of the physician. Treatments and medicines are frequently of an unpleasant nature to the patient and the nurse's resources of tact and patience are often taxed to the uttermost. She has not even the outlet to her pent-up emotions of talking to her patients of her own feelings and interests. Not only is such conversation forbidden by nursing ethics, but it would fall upon heedless or impatient ears: for the patient who is really ill, and the average convalescent, has little desire for conversation except as it re-

lates to his own condition, feelings or interests.

All of which is ample reason why it is absolutely necessary that the nurse provides, or has provided for her, pleasurable diversion after her day's work, or if on night duty, before her night's work begins.

There are very many compensations in private nursing, which have been enumerated and will be again in other articles in this section of the magazine, and the nurse has her reward in the realization that her work is useful, and is held in high honor by others; but the fact remains, and she is conscious of it, that the lack of pleasant social life in time robs her of buoyancy and sweetness, without which her work will often be drudgery and almost a spirit-breaking routine.

This may be a plea for the ten-hour day, but until that may be satisfactorily arranged, and as long as a twelve-hour day is required, surely one or two hours could frequently be allowed so that the nurse might take more part in the social life of the community and feel free to accept an invitation when it comes. For often cases are of many weeks' duration and she begins to be left out as a matter of course when social functions are planned.

At a recent luncheon held by a county medical association at which were present wives and daughters of the medical men, representatives of the hospital staff, social service workers, public health and industrial nurses, not a single private duty nurse was present or even invited!

Yet to this section of the profession the discussions and addresses would have held peculiar interest, so closely is the nurse allied to the physician in his work. Without this branch of the service the physician himself admits that much of his work would be futile; and also, that there are many cases where it is nursing service that is required more than medical attention.

Now, on whom lies the blame for the oversight? As it is not within the nurse's province to censure the physician or the public, the private duty nurses must hold themselves responsible and wake up to the fact that their mistaken sense of duty to their patients and their friends is causing them to be deprived of opportunities and associations which they should claim as their own and which would contribute immeasurably to the success of their work, at the same time adding to the life of the practising nurse the stimulus she requires to enjoy life as it was meant to be enjoyed.

In the larger centres the club room, furnished by the nurses, has added much to the cheer and zest of their lives. Here they may gather with their friends and enjoy themselves according to their own particular form of entertainment. In the May number of "The Canadian Nurse" the Central Club for Nurses of New York City is described. May we hope that in the not too distant future we may see a similar club, on a smaller and less pretentious scale, in every centre where there is a registry for nurses.

The life of every man is a seamless garment; its woof his thoughts, its warp his deeds. When for him the roaring loom of time stops and the thread is broken, foolish people sometimes point to certain spots in the robe and say, "Oh, why did he not leave that out," not knowing

that every action of man is a sequence from off fate's spindle.

Let us accept the work of genius as we find it; not bemoaning because it is not better, but giving.—
"Little Journeys" (Jonathan Swift)
—by Elbert Hubbard.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
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The Centralization of the Teaching of Student Nurses in Toronto

By E. MARION STILLWELL, Reg.N.

Prior to the recent world war, Toronto's scheme for the teaching of student nurses was similar to that in vogue in other cities. Toronto had eleven general hospitals and, in addition, several smaller private institutions. Each of these schools was conducted as a separate entity, drawing up its own curriculum and providing for the teaching of its own students.

With the advent of the war and the consequent shortage of medical men, the situation in relation to the securing of competent instructors became acute. This was more particularly true of the smaller schools. Certain of the medical men were teaching the same subjects in two, three or four schools, while other subjects were, of necessity, omitted entirely by the smaller ones. It was then that the centralized teaching scheme was inaugurated in order to conserve the time of the instructors and to cope with the needs of all the schools.

According to the original plan, which has since been amplified but never radically altered, all schools entering the scheme send their students to the University of Toronto for their lectures, since no one hospital had sufficiently large class rooms to accommodate the aggregate number of nurses. The location of the university lends itself to such a scheme inasmuch as it is centrally situated. The course of lectures is planned by the committee, composed of the superintendents of the various

training schools, and called the Training School Committee. This group meets regularly and is responsible for the arrangement of the curriculum. They also meet occasionally with certain members of the faculty of the university to confer regarding the schedule. The instructors are appointed by the faculty of medicine, which chooses members from its own staff—men who are actively engaged in lecturing to the medical students and who are in touch with the most recent developments in medical science.

The majority of the schedule, particularly for the second and third years, is taught in the centralized school, although each individual school still teaches certain subjects. Hygiene and sanitation, general medicine, bacteriology, venereal diseases, psychology, and a short course in public health nursing arranged through the extension department are taught in the first year. Surgery, infectious diseases, gynecology, tuberculosis, obstetrics, orthopedic surgery, diseases of the nervous system and mental diseases follow in the second year. Pediatrics, surgical and medical emergencies, dermatology, diseases of the eye, ear, nose and throat are given in the senior year. These subjects, with the exception of chemistry, are taught under the centralized scheme at the university. Toronto has an exceptionally good technical school which offered the training schools three com-

plete courses in chemistry each year, free of charge. The laboratory facilities thus afforded so far surpassed any procurable at the university that the schools gladly availed themselves of the privilege. Chemistry and hygiene and sanitation are the only three subjects in the centralized scheme taught during the preliminary course, the remainder of the instruction during this term being given in the individual hospitals.

The examinations are set by the instructors and are the same for all the schools. The papers are read by a committee of nurses composed of representatives from the various training schools, an arrangement which again saves the time of the instructors and which does not bear heavily on any one school or person.

The expenses of the scheme are shared by all the schools according to a budget drawn up and acquiesced in by the Training School Committee. Lectures on subjects taught through the extension department of the university, for example, psychology, are paid for by the training schools. Lectures appointed by the faculty of medicine are not paid for.

As has already been stated, Toronto has eleven general hospitals. Of these but nine entered the centralized scheme at its inception. In fact, it is only during the current school year that the last of the eleven has finally entered the union. This year 750 nurses in all enjoy the privileges of the course, 300 in the first, 225 in the intermediate, and 225 in the senior years. This number, as may be expected, varies slightly from year to year.

The centralized plan has brought great development in its wake, particularly in giving the student nurses an insight into public health nursing. Stress has always been laid in the centralized scheme on this extremely important factor in the education of the nurse, the students be-

ing given six hours of lectures in the first and twenty-four hours in the senior years. Last year, however, a dream, long cherished by the Training School Committee, became at last a reality and every senior student in each hospital now receives one month actual experience in public health work, being enrolled as a university student through the extension department. Theory and practical work are planned by the department of public health nursing in the university and the practical work itself is taken in the department of public health in the city of Toronto—supervised by the university staff in the field. The course is short, but enables the schools to give each student one month's training, rather than to give a few students a longer period.

Like most plans, the centralized scheme has its disadvantages. The most outstanding of these is the fact that the students are away from the hospital a longer time than was the case formerly. This disadvantage, however, is more than compensated for by the fact that the pupils get out in the air going to and from class and are in a different atmosphere from the habitual hospital one.

Another disadvantage was the shortage of nurses on the wards, attendant on the absence of so many of the nurses at one given time. This difficulty has been obviated during the past year by a duplication of lectures, which has been made possible through the co-operation of the medical faculty. The schools have divided each of their classes into two sections, and the ward situation is no longer a problem.

The advantages are numerous, especially in the case of the smaller schools. In the first place there is better instruction in all subjects, and a uniformity in teaching which was not enjoyed formerly. In addition to this, from the standpoint of phy-

sicians and surgeons, the central teaching results in a great saving of time. Moreover the students attain a broader conception of their profession through meeting pupils from other schools, while at the same time a healthy feeling of rivalry between the schools tends to stimulate to greater intellectual activity.

Last and best, the schools derive the benefit of the direction of the university in planning the curriculum, in teaching, and in the setting of examinations. This co-operation with the university, although not a

direct affiliation, is probably the most potent factor in the ultimate and necessary education of the public to regard training schools for nurses as schools of higher education rather than merely as an apprenticeship to be served. Not until such an education has been effected will there be recognized the need for separate endowments for training schools and the need for university schools for nurses: the two great goals of modern nursing education.

(E. Marion Stillwell, Reg.N., Toronto General Hospital, Toronto. Bulletin No. VI., The International Council of Nurses.)

(Continued from page 471)

This type of employment is a true antidote for pent-up surplus energy, indolence of thought and homesickness.

Due to Mrs. Loosemore's enthusiasm, we are to have in the near future our second Occupational Aide, who will be assigned to the Boys' Medical Ward, the bursary for which is being supplied by Miss Watts, of

the Junior Organization of Toronto.

I sincerely hope that the day is not far off when every ward in our hospital will be so wonderfully blessed.

(Address given by Miss Kathleen Pantton, Superintendent of the Hospital for Sick Children, Toronto, Ont., at the annual meeting of the Society of Occupational Therapy, held at Government House, April 30th, 1925.)

Book Review

Procedures in Nursing: Part II. By Annabelle McCrae, Instructor in Practical Nursing at the Massachusetts General Training School for Nurses. Published by E. Barrows & Co., Boston, Mass., U.S.A. Pages 527, illustrated, 12 mo. Price \$1.50.

This book deals with the more advanced procedures in medical and surgical nursing and is very up-to-date, including all modern methods of treatment. The contents of the book are well arranged. Each chapter covers systematically the purpose of the treatment, equipment necessary, method of procedure, and the care of articles used in the given procedure. Procedures are given in detail, simply and clearly explained, with a num-

ber of helpful illustrations. The chapters on pre-operative and post-operative care of patients; care of patients during shock and haemorrhage; renal function tests; special treatments of eye, ear, nose and throat, and blood transfusions are well explained. The author shows an intimacy with minutest detail in each procedure, and the technique as described throughout is good. The book is a convenient size, neatly and well bound, and is provided with a satisfactory index. The print is not large, but is clear and easily read. This book should prove valuable as a text book in schools which have not their definite methods of procedure outlined, as a reference book for graduate nurses, and as a help to many instructors.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,

Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Child Welfare in a Rural Community

By ESTHER NADEN, Reg.N.

The infant problem is as old as the human race, merely changing from generation to generation, the present problems differing greatly from those of past centuries.

Amongst the savages, when the food supply was short, all superfluous children were killed, or allowed to die of neglect. The healthy boys were usually saved, but all deformed or sickly children were sacrificed, and in some cases even healthy girl babies were exposed to death. It is only about thirty years ago that people began to realize the serious effects of the high infant mortality. The humanitarian motive was perhaps uppermost; but in some countries—France, in particular—the decline in the birth rate demanded that efforts be put forth to save all the newly born. For many generations it has been the custom to place the whole responsibility for baby care upon the individual mother. It is true that each mother must do her share, but she must have the help of the community in doing it. A pure water and milk supply, and the education of the mother in proper methods of baby care, are the responsibility of the community as a whole and not the individual mother. For many years the main cause of infant deaths has been wrong feeding, and diarrheal diseases have been the terror of infancy. The encouragement of maternal nursing, the provision of a pure or pasteurized milk supply, have reduced the death rate in communities in which they have been tried. It therefore behooves every community—rural or urban—to see

that everything possible is done to reduce infant deaths from such causes.

The majority of cities have a pure water supply, and the greater part of the milk is certified or pasteurized. Little mother's leagues, pre-natal clinics, etc., have reduced materially the infant mortality in cities. It is only within recent years, however, that anyone has given thought to the mothers and babies in the country. It was generally believed that the babies in rural communities were healthier and more resistant to disease than those of the crowded cities. Fresh air, plenty of open spaces, and pure, fresh milk were supposed to give country babies a great advantage over city babies. In some of our largest cities where child welfare work has been effectively carried on the infant death rate of the poorest sections is lower than in many rural districts. Conditions in the country are not as rosy as usually pictured. The water supply is as a rule inadequate, most of the farms being supplied by their own wells. In the majority of cases these wells are poorly situated, improperly constructed, and not guarded from impurities. Flies are ever present during the summer weather and have ready access to waste products. The milk is often collected under very insanitary conditions, and left uncovered so that flies can readily infect it. Such milk is pasteurized before being used in the city, but country babies are not safeguarded in a similar manner. Fresh air and plenty of room are frequently mythical. Farm houses are often

much too small for the family, with inadequate heating and ventilation. Because the houses are difficult to keep warm during the winter the windows are seldom or never opened: thus we find a frequent cause of bronchitis and pneumonia.

In many rural districts it is almost impossible to see a doctor except at long intervals. Expectant mothers seldom consult their physicians until just before they are to be confined. Thus the babies are often born with some handicap which might have been prevented with proper prenatal care.

At first when the Cowichan Health Centre was established, bedside nursing was all that was attempted. Shortly afterwards school nursing was commenced. When in the homes attending a sick member of the family, or making home school visits, the nurses were often able to advise mothers in the care of their babies. From this beginning child welfare work has progressed until now we endeavour to visit monthly all the babies in the district. We advise the mothers in proper methods of baby care and encourage breast feeding. If for any reason breast feeding is impossible we persuade the mother to seek her doctor's advice instead of trusting to a neighbour in the important matter of a food formula. Special attention is given to the necessity for sterilizing milk, water and utensils before being used in the modification of milk.

As soon as a baby is old enough to have foods other than milk we

give the mother a well-balanced diet list. This is usually appreciated as we find many mothers who think children require nothing but milk until a year old. In Cowichan we are very fortunate in having seven physicians in various parts of the district so that there are few women who are unable to see a physician at frequent intervals during their pregnancy. We have two splendid hospitals in the district and almost all obstetrical cases go to one or other of these hospitals. This of course is ideal, and we have very few maternal or infant fatalities.

Once a month we hold a well baby clinic in Duncan. The various doctors attend in turn. The clinics are held in the Women's Institute rooms and a member of the Institute serves tea to the mothers. The babies are weighed, measured, and examined by the doctor in attendance. Many mothers are in town on days other than clinic days and if they wish to weigh their babies we invite them to the Health Centre office. The baby scales are always available, even when a nurse is not present.

We are always ready to have a baby conference on the telephone, or to visit any baby at any time if an anxious mother is in trouble. Many busy mothers seldom see anyone outside their own family and are glad to have the nurse come in for a few minutes to discuss health problems with her.

[Esther Naden, Cowichan Health Centre, Duncan, B.C.]

How the Need of Maternal Care is being met in Rural Communities

By way of introduction may I quote from an article in the January edition of "The World's Health," by Sir George Newman?

"The mere increase of knowledge and particularly the knowledge of Preventive Medicine or the ways and means of personal hygiene and well-being can do nothing of itself to prevent disease and to safeguard health, unless it be understood, accepted and practised."

The question of giving adequate pre-natal advice to the woman in the rural sections during her pregnancy and care through confinement, has always been and will continue to be a difficult one to solve, and when we take into consideration the few rural communities which have a public health nurse, or are likely to have one for some years to come, we are indeed confronted with a tremendous problem.

Efforts to impart the knowledge of the Hygiene of Pregnancy and to reduce the maternal death rate have shown marked increase in the last few years both by governments and voluntary organizations, but there is still a large number of women of rural Ontario who go through their pregnancies without any medical advice or nursing care.

We are sorry to learn that of 17 countries which claim a share in western civilization, Canada is reported to have the highest maternal death rate. Just what has been the maternal mortality for the past two years in Ontario?

| | Total No. of Maternal Deaths | Rate per 1000 Births |
|-------------------|---------------------------------|-------------------------|
| 1922: Cities..... | 178 | 5.5% |
| Towns..... | 34 | 8.7% |
| *Rural..... | 150 | 4.4% |
| Province..... | 362 | 5.1% |
| 1923: Cities..... | 182 | 6.0% |
| Towns..... | 40 | 8.1% |
| *Rural..... | 147 | 4.4% |
| Province..... | 369 | 5.2% |

*Including towns of 5000 and less.

In analyzing these statistics it would appear that the maternal mortality is much higher in cities and towns where medical and nursing facilities are available than in rural sections where such facilities are not as adequate. This may be explained by the fact that many patients from the rural sections come into the city and town hospitals for attention during the period of confinement and if death occurs the death is registered in the city, though the place of residence of the individual may be many miles distant.

What is Ontario doing to combat this high maternal mortality and provide a better maternity nursing service for rural Ontario? Since 1920 public health nurses have been sent out by the Provincial Board of Health to demonstrate the importance of public health instruction and encourage municipalities to appoint permanent local nurses, to carry on a generalized public health programme—stressing the pre-natal and infant welfare work. As a result of this work, many municipalities have today public health nurses carrying on a health educational programme.

Victorian Order Nurses have been stationed for many years in towns and rural communities to provide a bedside service and establish a community health programme. This service speaks for itself and has been and still is of inestimable value to the women and children of Canada.

Following requests from the residents of rural communities in Northern Ontario, the Ontario Division of the Red Cross during the past three years has established twelve nursing outposts with a capacity of sixty-three beds and a staff of twenty-three nurses to provide nursing care for the settlers of frontier districts and outlying settlements. This

experiment has received the whole-hearted support of the people of the districts as well as the Provincial Government and judging from the requests received for such Outposts the number of Outposts which could be established is limited only by the amount of money available for such a purpose. The service rendered is of two kinds.

In the one-nurse Outpost which has a capacity of one or two beds which are used for emergency cases, the nurse acts as a community nurse, making home visits and giving bedside care when necessary. In some localities the Outpost is situated many miles from a doctor and although every effort is made to put the prospective mother in touch with her physician it is sometimes impossible, for several reasons. Many of these women give a history of never having had any medical attention or nursing care during pregnancy or confinement, having depended entirely upon the help of some member of the family, neighbour or practical nurse. During the home visits the usual public health instruction is given, stressing the importance of regular visits, if possible, to the doctor; advice is given regarding the hygiene of pregnancy and the preparation necessary for confinement; also suggestions are made as to the future care of the infant. Frequently the nurse is present with the physician at the time of delivery and gives after-care each day as long as necessary. In some cases, however, it has been necessary for her to deliver the patient when it was impossible for the doctor to attend, but it is not the intention of the Red Cross to place nurses in these communities to act as midwives. It is fortunate and comforting to note that in these cases when it was impossible for the doctor to be in attendance that the maternal death rate has been nil. The reason for the non-attendance of the physician at the time of confinement may be due to the bad condition of the roads during the spring and autumn and the length of time required to cover the distance, or it may be due to the fact that many of these women are not in a financial position to pay for the service and so hesitate to call a physician.

The other type of Outpost is one in which two or three nurses are stationed, and serves as a general hospital for the community. Several beds are available for maternity cases, and as these Outposts are in localities where one or more doctors are in residence, it is always possible to have a doctor in attendance for all cases. These nurses do not do district nursing, except when hospital duties permit them to accompany the doctor to maternity cases, when requested.

A questionnaire sent to the nurses in these Outposts on "How the need of maternal care is being met in rural communities," brought very similar replies. All agreed that the greatest lack of care was in the pre-natal instruction, as practically all the women admitted to the Outposts had received no pre-natal instruction or had made no effort to get in touch with a physician before

arrangements were made for admission to hospital. Now that the Outposts are established the doctors are advising the women to come to the Outpost for confinement. Here the mother receives the necessary attention and is later taught how to properly bathe and care for her baby, and the importance of breast feeding is stressed.

The problem of domestic aid during and after confinement, which is also a serious one, has to be considered in the home where there is a large family of little children.

As a further solution to the great question of better maternal care for the women of rural Ontario the following suggestions might be considered:

(1) A physician provided by the government or voluntary agency in a locality where a doctor has been unable to procure a maintenance.

(2) More public health and Victorian Order nurses in rural communities.

(3) A visiting nurse for the community, attached to the Outpost staff.

(4) Group instruction through Home Nursing Classes.

(5) Pre-natal letters from a government agency.

(Contributed by an Ontario Red Cross Outpost Nurse.)

Records for Public Health Nursing

Part III.

By FRANCES KING

Forms Supplementing Histories and Daily Reports

Continuation Slips, for the purpose of continuing a history too long to be contained on the individual history slips, should for the most part be simple, so that the same form can be used with all types of histories. They should be of paper, $4\frac{1}{2}$ "x8". The top line should have spaces for surname and first name, class of history, history number, and page number. A column for dates should be ruled down the left side, and the rest of the space left for notes.

If the space provided under a heading on the individual history is not sufficient for the complete data so that a portion has to be written on a continuation slip, "Cont." and the page number should be written under the heading, so that the extra information will not be ignored and will be easy to locate.

Occasionally it is necessary to have special continuation slips, continuing some of the headings on the individual history. With the infant welfare histories, for example, may be needed a slip continuing the headings for "Feeding" and "Illness." In such a case, the continuation slip should be of the same color as the individual history sheet.

A Work Slip is really a combination memorandum and scribbling pad. If it is made 5"x8" in size, it is convenient to carry and provides plenty of space for notes. It should be carried in a loose-leaf notebook, in any order convenient to the nurse. A pocket in one cover is handy, so that the slip may be placed there out of the way after the visit has been made. It can be written in pencil. At the nurse's discretion, the notes may be written while in the home.

The design is simple so that it can be used for all sorts of problems. At the top appears the name of the family and the name or number of the nurse, and on the

next line, the address and a space for the family history number. Unlike the family folder, one space is sufficient for address, as the work slip is not a permanent record and seldom has a long life. Below the address a couple of lines are left for a general statement of conditions.

As for the rest of the sheet, two date columns run down the left side. In the date column next the margin appears the day on which the next visit is scheduled. On the line with this date is a note describing the condition necessitating the visit, or the particular point which the nurse wishes to take up.

The date on which the visit is made appears in the column headed "Visit." On line with this date are entered the notes of the visit, to be used by the nurse in making her entries on the history, or in writing a report on the case.

NAMENurse.....
ADDRESSHist. No.....

DATES

| Next Visit | Visit | Notes of Need and Results |
|------------|-------|---------------------------|
| | | |
| | | |

(Work Slip, 5" across by 8" long.)

There should be a work slip for each home visited, providing a record of each visit made by the nurse. If the visit is of temporary value, not worth a history, it serves as the nurse's report to that effect to her supervisor, and can be destroyed at the supervisor's discretion. The presence or absence of a history number denotes whether or not a history is active for the case.

The work slip helps the nurse to make her history record concise and clear. At first very few people can write a report which covers the salient points without being verbose. On the work slip there is a chance to scribble informal notes which

later can be condensed and put in better order on the history.

More than this, it is a memo, which reminds the nurse while in the home of work which she has realized on previous visits needs to be done, and recalls to her mind what she taught before, so that she can follow the subject up and make sure her teaching was effective. It enables the new nurse to say: "What about that comfort Eugene was using when Miss Predecessor was here? Burnt up?" When she gets back to the office she can make the diagonal after "Comfort" into a cross and know that something has at last been accomplished with that hopeless Onegin family.

When the family is not included in the day's visiting, the slip should be in a 5"x8" tickler file under the date the next visit is scheduled, or if no date is set, in an alphabetical file kept behind the tickler file.

If the next visit is urgent and must not be overlooked, the date under "Next Visit" may be underlined to call attention to it.

Family histories should not be taken out of the office or filed in a tickler. Since it is often necessary to refer to them in the nurse's absence, they must be kept where the supervisor can locate them readily.

A 5"x8" slip is too large to go in the family folder. So far from being a disadvantage, this is a good thing, for the work slip must never take the place of a formal record. It is easy to refer to except for recent events, while the history is a complete summary of essentials.

One danger in the use of a family folder is the tendency to drop into it all sorts of notes and papers. This should never be done. If the information is worth keeping, it should be entered at once in its proper place on the history. If it is of only temporary value, it may be noted on the work slip.

The Daily Work Report should be sufficiently comprehensive so that it can be used, not only to gauge the work of the individual nurse, but also as the basis of the report on the nurses' service to the community.

The details on a report will differ extensively according to the requirements of an organization and the locality of the work.

It is better to disassociate the amount of time the nurse spends on each piece of work from the details of the work. Let her estimate the time as closely as possible under general headings—recording, home visiting, clinic service, school service, etc., in one section of the report.

In another section, without mention of time, let her record what she did. It is not worth while to attempt any division of recording or office time. Under school service, the entries should be by name of

the school served, showing the type of service rendered. The same is true of hospital and clinic service. These two services, by the way, are reported on separate statements, since only a certain number of the nurses serve in the clinics and the hospitals.

For home visiting, each visit should be shown under the name of the family, in order to check with the histories and work slips if so desired, and possibly to provide a record of the nurse's whereabouts during the day. The main reason for entering name and address, however, is that it makes it easier for the nurse to classify her visits. She remembers her work, not as problems, but as persons. As she writes the name, the work done in that home comes to mind, so that the classification of visits into problems is done accurately and easily.

No attempt should be made to record the amount of time in each home or on each class of visits. A busy nurse cannot be constantly looking at her watch and jotting down hours and minutes. If too much detail is required, the report becomes a burden, apt to be made out carelessly, and a careless guess is worse than none. If details of this kind seem imperative to the executive, they should be required for a set length of time, as a survey, and then discontinued.

To get an estimate of the average length of time spent on each class of visits is not difficult, so long as the amount of work required by the various classes is approximately similar. The following method is both simple and satisfactory.

The first step in discovering the amount of time spent on tuberculosis work, for example, is to find the percentage of the total individual visits which are tuberculosis visits. Let us say that a nurse visited 210 patients in the month, 65, or 31%, of which were tuberculosis cases.

The next step is to add together the total time spent in travel, home visiting and recording. She spent in travel 35 hours; in home visiting 70 hours; and in recording 44 hours, giving a total of 149 hours.

The percentage of visits which were tuberculosis is then applied to the total number of hours; 31% of 149 hours is 46 1-5 hours, which may be taken as the amount of time spent on tuberculosis work.

If the organization is responsible for a class of work which requires as a routine thing much more time in the home than the rest of the work, as for instance, bedside nursing, the amount of time on this one class may be required as a separate item.

(The fourth and final article will discuss the use which can be made of the various forms.)

Why Drink Milk

There is nothing "just as good as" milk.

Milk supplies some of all the material necessary for growth and also furnishes energy for work, play and warmth. It is an indispensable part of the diet of mothers who are nursing babies, and of young children. A pint and a half a day is a safe allowance of milk for an average child, while pregnant or nursing mothers, infants and many children need a quart of milk a day.

Milk can furnish all the protein the body needs. A quart of milk supplies as much protein as seven ounces of sirloin steak or four large eggs.

Milk supplies minerals. If the growing child does not have an abundance of minerals in his diet this deficiency may show in stunted growth, weak bones or poor teeth. Special care must be taken to select foods rich in lime, phosphorus and iron. Our bones and teeth are made largely of lime, which is a form of calcium. One quart of milk will furnish as much

calcium as ten large oranges, 32 eggs or 20 pounds of beef. Milk is also a valuable source of phosphorus and supplies some iron.

The body must also be provided with certain essential substances called vitamins, if health and normal development are to be assured. All known vitamins are found in fresh milk, but one or possibly two of the vitamins may be lacking in poor, stale or heated milk.

Milk needs supplementing to supply certain minerals and vitamins in sufficient quantity and, after the early months of life, for energy and roughage. Every baby, particularly those not breast fed, should receive daily the juice of some acid fruit, such as orange or tomato. In winter, when it is impossible to be outdoors in the direct sunlight for long periods, all infants, whether nursed or artificially fed, should be given cod-liver oil. Older children need, in addition to milk, fruit, vegetables, meat, fish or eggs, bread, cereal and potato.

Notes from the Library Committee

Personal and Community Health—

Health Confessions of Business Women by Business Women, issued free by the Division of Industrial Hygiene, Provincial Board of Health, Toronto.

Personal Hygiene for Nurses, by J. W. M. Bunker, Ph.D., and C. L. Turner, M.A.C.P.H., published by G. V. Mosby Company, St. Louis, Mo.—\$2.00.

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Development in the Field of Mental Testing—Helen H. Dolan, U.S. Government Printing office, Washington—5c.

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Tuberculous Ulceration of the Intestines, by Dr. J. E. Pritchard, reprinted from the Canadian Medical Association Journal.

Public Health Nursing—

Helps for the Rural School Nurse, by Harriet and Hazel Wedgewood, Health Education Series No. 17, U.S. Bureau of Education, Washington—5c.

Manual of Nursing Technique, published by the Community Health Association of Boston, 502 Park Square Building, Boston—25c.

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An Impression

By MARY A. BIRD

"Hospital—Zone of Quiet!" How often has one hurried along with scarcely a second thought to the request of that dull brown sign. But today its message holds a new significance, and one enters respecting it, every step seeming to lift one a degree beyond the outer world of noise and confusion and rumble: to square ones shoulders just a fraction more: to set ones ideals and ambitions just a little firmer until by the time the door is reached at least the exterior is calm and controlled, though within the heart is beating a double measure.

It requires more than a little courage to "get oneself within," realizing that the closing of that door is in truth the opening to a life of broader and fuller responsibilities. One trembles just a little and wonders—"Can I meet it and live it successfully, and as I ought?" There can be but one answer—"I can, and I must!"

The office of the superintendent is reached. The very name fills one with awe and foreboding, and it is a small, though firm voice that announces the coming of another would-be-nurse into this mighty sphere. One has dreaded this moment. But why? It is a kindly smile that greets one, allaying fears, and sincere in assurance that one is facing another human being, not just a machine, a figurehead. A few necessary questions follow—answers are given, and armed with a neat handful of collars one follows to the residence, wondering to what corner of this mystery world the balance of one's uniform has wandered. More

groundless anxiety! for on reaching the residence one finds the trunk already there, and the "haven of rest and study" ready for occupation.

There is still the introduction to the dining hall and its sea of strange faces, but they are a friendly, cheery group, and one soon feels "at home" among them.

In the training school one is impressed by the thoroughness, the seriousness, the splendid organization and arrangement of the work. The theoretical and practical sides are so correlated that one studies and accepts each, forming them into that greater whole almost without realization. Each task, no matter how small, is taught in the class room before performance in the ward is demanded. Methods are most thorough, and each detail is carefully explained and illustrated, so that one enters upon the practical work among the patients not with the mistaken idea of the meanness of small tasks, but rather with the knowledge that obscure tasks are but the true beginnings of greater; that the humble work of the probationer is indeed the firm foundation upon which more brilliant and advanced work is built.

And so having entered upon the probation term, one's ambitions and energies concentrate upon the winning of the coveted cap—and thoughts fly forward to graduation, that final day of honour when one feels fullest pride in one's chosen life-work.

[Mary A. Bird, Class 1928, Toronto Western Hospital.]



Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

Five Sisters Window—Unveiling by the Duchess of York

The restored "Five Sisters" Window, York Minster, England, was unveiled by the Duchess of York on June 24th.

The setting of the unveiling and dedication ceremony in the Minster was most harmonious and beautiful in form, sound, and color, and in its religious import. The nave and transepts, mainly the transepts, were used for the congregation and choir. The Duke and Duchess of York, with the Archbishop of York and the Dean of York (Dr. Foxley Norris) and other clergy, occupied seats on a dais on the chancel steps and in the doorway of the choir screen, and matters were so arranged that the Duchess had not to leave her place to give the signal for the unveiling. Before doing so she said:—"As an act of most high praise and glad thanksgiving to Almighty God for the lives and devotion of the 1,400 women of the Empire who died for their country in the war, now, in the name of their sisters in all parts of the world, I unveil and restore to its ancient use the Five Sisters Window." Almost immediately the curtain shrouding the window fell soundlessly and gracefully away. The perfection of the work done in restoring design and most delicate color to the ancient glass cannot be conveyed in words. It was felt to be a thing to give thanks to God for, as was done in

the immediately following prayer naming "John Romain and those who labored with him in this place and enriched his work," whose inspiration and artistic endowment conceived and constructed "this great window now restored." After the singing of the hymn, "For all the saints who from their labors rest," the Archbishop dedicated the oak screen which has been erected with the surplus of the funds raised for the restoration of the window and has been placed in the St. Nicholas Chapel to bear the names of the 1,465 women whose sacrifice in the war the restoration commemorates. An anthem, "Blessed city, heavenly Salem," by the Cathedral organist, Dr. Bairstow, followed, and then came the Archbishop's address.

The service ended with the sounding of the Last Post and Reveille by the trumpeters and drums of the 8th King's Royal Irish Hussars, and the singing of the National Anthem, led by the massed bands of the Hussars, the Cheshire and the Border Regiments.

After the Minster ceremony the Duke and Duchess of York paid a visit to the Deanery, where a number of guests gathered at the invitation of the Dean and Mrs. Norris. Later the Duke of York unveiled the

York City War Memorial, a simple stone cross, mounted on a cenotaph-shaped pedestal rising from a stepped base, which has been erected by public subscription in a "Rest Park" on the banks of the River Ouse. It commemorates no fewer than 1,162 citizens of York who fell in the Great War.

Archbishop's Address

Dr. Lang said:—

"We have beheld a thing of beauty, a joy for ever, restored to the whole world. It is a true restoration: for what we now see is what our fathers saw 600 years ago. The very lead which binds the jewels of the window together is old, sent from the old Abbey of Rievaulx. By a strange romance of history and art 13th century lead has now been wedded to 13th century glass.

"Yet there is one glory added today to the great window which it never had before. Through its pure and delicate colors there now shines, and will ever shine, the light of service and self-sacrifice which ennobled the women of our land and Empire in the dark days of the Great War. Let no mists of weariness or disappointment blind our eyes to the brightness of that light. For it was indeed a noble impulse which sent forth our women and girls into varied fields of service—in hospital, in factory, on the land, in camps at the base, or at the very front of the long battle.

"The inspiration came to a woman of York now present to link the memory of these our sisters with the restoration of this famous Five Sisters Window. That flash of insight proved to be a signal which was immediately answered from every part of the Empire. Within nine weeks over 32,000 subscribers—women of every class and nation within our Commonwealth—raised the whole and more than the whole of the sum needed to restore the window. The names of the women who in every branch of national service gave their lives are graven on a screen of the Minster's own oak which surrounds the Chapel of St. Nicholas, and on which the light of the great window will ever rest. These names will thus be gathered into the rich treasure of memories which the Minster keeps secure from age to age. The old Mother will, as it were, adopt these women and girls as her own daughters, and will enfold them with her silence and her peace. The Five Sisters will keep unceasing watch over these 1,435 sisters of our race.

"Lastly, remember, we here assembled are not alone in our commemoration of them this day. Through the influence of another woman of York, at this very time remembrance is being made of them in many distant places across the seas—in South Africa, in South and West Australia, in Tasmania, in New Zealand, in Canada. The emotion which unites us here is as it were a beating of the Empire's heart."

(From The Times Weekly Edition, July 2nd, 1925.)

News Notes, C.A.M.N.S.

BRITISH COLUMBIA

A very charming tea was held on Friday afternoon, May 22nd, at the residence of Mrs. C. A. Bell, 1980 McNicol Avenue, Kitsilano, who kindly lent her home for the occasion to the Military Nursing Sisters' Club. Many of the nursing sisters and their friends were able to attend and the quarterly reunion was greatly appreciated. The friendships formed when the

sisters were working together in trying times and circumstances will never be forgotten nor lightly turned aside.

ONTARIO

N/S Mabel Cudmore has joined Miss Morrison's staff as charge nurse of the surgical wards of the McKellar General Hospital, Fort William, Ont. N/S Pearl Morrison has been superintendent of this hospital for the past two years.

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News Notes

NOVA SCOTIA

The annual meeting of the Nova Scotia Graduate Nurses' Association was held at the Dalhousie Public Health Clinic on Monday and Tuesday, June 29th and 30th. There was a large attendance of members, delegates being present from the various provincial nurses' organizations.

The subjects of "Standardization of Training Schools" and "Nursing Education" received careful attention. During the past year over one thousand letters were sent to the schools of the province, outlining the educational requirements of pupils intending to take up nursing. Ways and means of providing scholarships for nurses were discussed.

On Monday evening Miss Beith read an interesting paper on the work of the Dalhousie Public Health Clinic, which gave a very definite idea of the amount of work being done by that clinic. Prof. Symonds, of Dalhousie University, gave a most interesting lecture on "Psychology" which was greatly enjoyed by all present. Refreshments were served by the Alumnae Association of the Victoria General Hospital.

Unfortunately the weather interfered with the social arrangements made for the entertainment of the visitors. However, on Tuesday evening all proceeded to the Waegwoltic Club where supper was served and an enjoyable evening spent.

HALIFAX

Miss Catherine M. Graham, Reg.N., Victoria General Hospital, Halifax, has accepted the position as matron of Rainbow Haven, the Evening Mail's Fresh Air Camp for the poor children of Halifax.

Miss Madeline Scott, Reg.N., Montreal General Hospital, 1922, has resigned her position with the Massachusetts-Halifax Health Commission at Halifax to accept a position on the staff of the E. B. Fisher Memorial Hospital, Woodstock, N.B.

The Public Health Demonstration conducted by the Massachusetts-Halifax Health Commission at Darmouth, N.S. closed May 31st, 1925.

ONTARIO FORT WILLIAM

The account of the graduation exercises, 1925, of the McKellar Hospital, as reported in the July number, was inaccurate in regard to the number of graduates. The graduating class numbered thirteen instead of nine. The graduates received their

diplomas from the president of the hospital and their pins from the superintendent of the hospital. The medals donated by the medical staff were presented by the president of the staff and awarded as follows: The gold medal to Miss Signe Berglund; silver medals to Miss Florence Dickson and Miss Eva Cliff. Two additional medals were awarded this year: one for executive ability to Miss Rheta Graham, and one for operating room technique to Miss Martha Walker.

The following are the graduates:— Florence Dickson, Dryden Ont.; Barbara Anna McQuarrie, Orangedale, N.S.; Agnes Baillie, Port Arthur, Ont.; Clara Julia Elvish, Fort William, Ont.; Rheta Sarah Graham, Owen Sound, Ont.; Mary Anne Duncan, Fort William, Ont.; Signe Carolina Berglund, Omaha, Neb.; Marjorie A. Reid, Gowganda, Ont.; Eva Irene Cliff, Fort William, Ont.; Martha Jane Walker, Aurora, Ont.; Viva Elizabeth Tate, Kemptville, Ont.; Sarah Gladys Austin, Port Arthur, Ont.; V. Leanne Guerette Michaud, Edmundston, N.B.

TORONTO

Hospital for Sick Children A.A.

A very delightful tea was given at the nurses' residence of the Riverdale Hospital by Miss Mathieson, the superintendent, and Miss Panton, superintendent of the Hospital for Sick Children, in honor of Miss Goodson and Miss Potts, former superintendents of the Hospital for Sick Children. A large number of graduates enjoyed the renewing of old friendships on the beautiful lawn of the hospital.

Miss Gertrude Spanner has resigned her position at the Civic Hospital, Ottawa, and has accepted a position at the Children's Memorial Hospital, Chicago.

A very sad accident took place on July 17th when Mrs. Emmet (Effie Cook, 1913), wife of Dr. Emmet of Ponthill, Ont., lost her life when swimming. Her husband, two little children, and a host of friends mourn her untimely death.

Toronto General Hospital A.A.

On Wednesday, July 16th, a garden party and dance were held on the grounds of the nurses' residence, Toronto General Hospital, to raise funds for the library and also to finance the sending of student nurse delegates to the Student Christian Movement at Elgin House. A great deal of ingenuity was shown in the preparation

of the various booths which were the attraction of the evening. A marcelling and manicuring parlour; a shoe shine stand; a bureau of health; a touch and take tree; a fortune telling booth and a tea garden, all plied their trades busily throughout the evening, which was most enjoyable and successful, netting the student nurses about four hundred dollars.

Miss G. McCullough, 1922, was at Orangeville Hospital for the month of August, relieving during the superintendent's absence.

BIRTHS

BENNETT—On July 20th, 1925, at The Wellesley Hospital, Toronto, to Mr. and Mrs. Bennett (Olive Bennett, Wellesley Hospital, 1922), a son.

BRIGHT—On May 25th, 1925, at Oshawa General Hospital, to Mr. and Mrs. H. Royston Bright (Gladys Fairclough, Wellesley Hospital, Toronto, 1920), of Myrtle Station, Ont., a son (John David).

BROWN—On July 14th, 1925, at Brighton, Sussex, England, to Flight-Lieut. and Mrs. L. L. Brown (D. M. Moore, Winnipeg General Hospital, 1917), a son (Charles Jewell).

GITTENS—On May 21st, 1925, at Vancouver General Hospital, to Mr. and Mrs. John R. Gittens (Cecilia Gibson, Vancouver General Hospital, 1914), twin sons.

McKERRACHER—In May, 1925, to Mr and Mrs. McKerracher, 131 Woodbine Ave., Toronto, a son (Hugh).

STEELE—On June 28th, 1925, at The Wellesley Hospital, Toronto, to Mr. and Mrs. H. L. Steele (Gladys Bateman, Wellesley Hospital, Toronto, 1916), a son.

WATT—On July 27th, 1925, at the General Hospital, Crossett, Ark., U.S.A., to Mr. and Mrs. Jas. W. Watt (E. Maude Mosher, Victoria General Hospital, Halifax, N.S.), a son (George Benvie).

Miss Agnes Campbell, 1923, has left for Chicago to do institutional work in the Illinois Central Hospital.

Miss Agnes MacKenzie, 1923, is camp nurse at Camp Tanamakoon, Algonquin Park, for the summer. She is enjoying the life very much and up to date her duties have not been too arduous—mostly attention to fly and mosquito bites and one sprained ankle.

Miss E. Maude Owen, 1923, has accepted a position as supervisor in the City Hospital, Youngstown, Ohio.

MARRIAGES

FULLER—PRINGLE—On August 1st, 1925, Marguerite Pringle (Wellesley Hospital, Toronto, 1922), to G. B. Fuller, of Wilkinsburg, Pa.

KILTY—CHISHOLM—On June 14th, 1925, at Oakville, Justina Chisholm (H.S.C., Toronto, 1923), to George Kilty, of Clinton, Ont.

McDOWELL—CAPLING—On July 10th, 1925, at St. Paul's Cathedral, Toronto, Florence Capling (Toronto General Hospital, 1921), to Frank McDowell.

PATTERSON—FRASER—On July 27th, 1925, Laura G. Fraser (Saskatoon City Hospital, 1919), to Dr. Cecil F. Patterson, of the University of Saskatchewan. Dr. and Mrs. Patterson will reside at 913 Temperance St., Saskatoon, Sask.

WOODROW—WHITFIELD—On July 28th, 1925, at Dunn Ave. Methodist Church, Toronto, Mildred A. Whitfield (Wellesley Hospital, Toronto, 1922), to Dr. Walter H. Woodrow, of Detroit, Mich.

DEATHS

EMMET—On July 17th, Mrs. Emmet (Effie Cook, Hospital for Sick Children, Toronto, 1913), wife of Dr. Emmet, of Ponthill, Ont., who lost her life when swimming.

LAIRD—On July 17th, at her brother's home in Westmount, Bessie P. Laird, (Toronto General Hospital, 1918).

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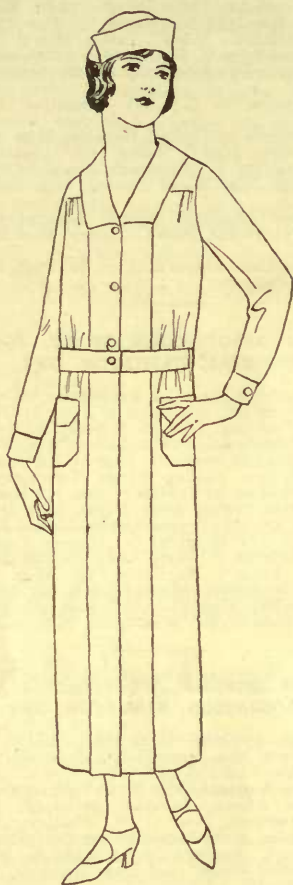
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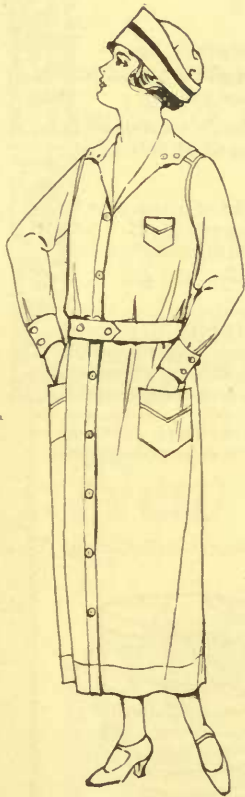
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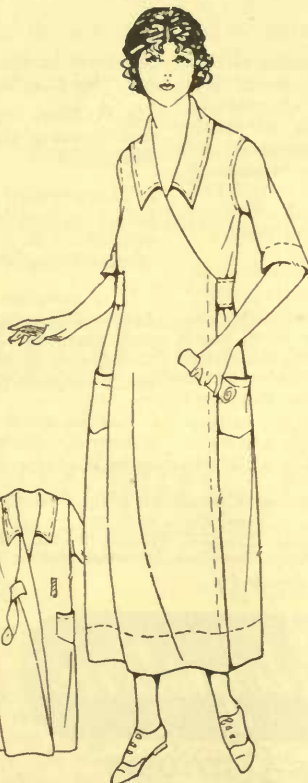
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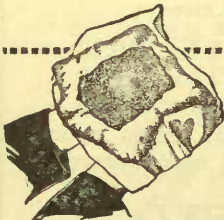
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OCTOBER, 1925

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The Congress at Helsingfors

By JEAN E. BROWNE, Reg.N.

IT is no easy task to give the members of the Canadian Nurses' Association an adequate report of the great Congress of the International Council of Nurses held in Helsingfors July 20th-25th, chiefly because there was woven into that week a prevailing atmosphere that belongs to Finland, graciousness that springs from kindness of spirit, and deep cultivation of mind. Finland has captured the imagination of even the unpoetic Anglo-Saxon representatives, some, at least, of whom went to the Congress in a business-like spirit, and came away realizing that there is something infinitely bigger and better in the International Council than its Constitution and procedure.

The Congress swung round the personality of a great woman, Baroness Sophie Mannerheim, Past President of the International Council of Nurses, and now an Honorary President. If for no other reason, it was well worth the while of any nurse to travel round the world to meet this Queen of women—one who has reached the fulfilment of those ideals toward which the rest of us are striving. She is tall, commanding, superb, with keen intellect and nimble wit and a heart so kind that she seems to gather everyone into its beneficent shelter. Finland may indeed measure its greatness by having produced such a woman, and the nurses of the world are honoured in having her as their President.

The fifty Canadian nurses who attended the Congress will, we think, remember Finland chiefly for its sweet music, its invigorating atmosphere, its constant sunshine through the day and its twilight nights, for its sincere hospitality, for the extra-

ordinarily efficient management of the Conference by the nurses themselves, for the distinctive and attractive street uniforms of the Finnish nurses, and for the spirit of international friendliness evidenced throughout the whole week.

Finnish people have the rare combination of keen intellect and poetic temperament. Finland is said to have a higher proportion of educated people than any country in the world. Certainly, they can sing; and they were generous enough to give us rare musical treats many times. On the afternoon of the first day, a special service was held in the Church of St. Nicholas. On this occasion a new composition by the Finnish Composer Sibelius was given in honour of the Congress, and the Bishop read the service in English, a great tribute to the English-speaking nurses. Later in the week at a luncheon given by the National League of Finnish Nurses, a song written specially for the Congress was sung for the first time, and copies of it, with the English translation set to the music, were given to the guests as souvenirs. We hope to reproduce this in "The Canadian Nurse," and we think it would be delightful if all Canadian nurses would learn to sing it. Another feature of the musical entertainment was the choir of "little white nurses." One wonders what other country could produce a nurses' choir. We shall always have occasion to remember "Suomen Laulu," a voluntary choir organization, founded in 1900 by Professor Klemetti. It was originally a male choir, but was later re-organized into a mixed choir. Professor Klemetti is the present conductor.

On the evening of the first day, a dinner was given by the Finnish Nurses' Association of which Baroness Mannerheim is President. At this banquet Honorary Membership in the Finnish Nurses' Association was conferred on Mrs. Bedford Fenwick (England), Miss Huxley (Ireland), Sister Agnes Karll (Germany), Miss M. A. Snively (Canada), Miss Anna Maxwell (U.S.A.), Miss Clara Noyes (U.S.A.), Miss Goodrich (U.S.A.), Miss Nutting (U.S.A.), Dr. Anna Hamilton (France) and Miss Varvey Mejan (Holland). Notable among those who made after-dinner speeches, was Mrs. Rebecca Strong of Glasgow, a nurse who celebrated her eighty-second birthday at Helsingfors. Those who fear old age should learn the lesson of life from Mrs. Strong. She is not at all daunted by her years. Indeed she has the vigour and charm which endure in spite of years and, among many outstanding speakers, she easily led, both in the strength and clearness of ideas, and in the beauty and precision of her English. When this charming little Scotswoman rose to speak, her audience invariably paid her the tribute of absolute silence, not so much out of deference to her age, but because she always had something entirely worth while to say.

The feeling of the Conference was probably at its highest pitch on Friday night when five new National members were welcomed into the International Council. These were:—France, Bulgaria, Poland, the Irish Free State and Cuba. Mlle. Chaptal, President of the National Association of the Trained Nurses of France, was welcomed into the Council by the President of the Canadian Nurses' Association; the President of the Bulgaria Nurses' Association was welcomed by the President for Holland; Poland was welcomed by the United States, and the Irish Free State by Mrs. Rebecca Strong of Scotland. Unfortunately, there was

no representative from Cuba to receive felicitations. Each of the representatives of the new National members was presented with a huge bunch of roses after the words of welcome, and immediately following, a Finnish orchestra played the National Anthem of that particular country. Those of us who have grown up in our professional life, taking for granted our membership in the International Council, scarcely realize how much it means to countries just now entering. Perhaps the meaning can best be grasped by quoting the words of Mlle. Chaptal, a daughter of old France, with all that implies, when she said "This is the proudest moment of my life," or from the youthful orator from Poland who thrilled us all with her glowing enthusiasm.

It was appropriate that following this ceremony, greetings should have been received from the older National Associations. Great Britain and Ireland were represented by Mrs. Rebecca Strong and Miss Margaret Huxley; the United States by Miss Maxwell; Germany by Sister Agnes Karll and Canada by Miss Snively. Since Miss Snively was not present, her greetings were read by Miss Gunn.

The last day, Saturday, was a mixture of meetings and merry-making. A boat ride through the harbour of Helsingfors was a great treat. An offshoot of this outing, was a re-union of the International Nurses' Alumnae (League of Red Cross Societies) at an exceptionally happy luncheon. Eight countries were represented. The week ended by a banquet of 600 covers after which the new officers made their bows, and greetings were given by a representative of each of the continents.

All the general meetings of the Conference were held in the National Theatre, and, at night, when the meetings were open to the public this great auditorium was filled. All other meetings were held in the

Saatytalo—Standerhuset—a dignified and beautiful building which was given over as Headquarters for the Conference. Two large rooms were used for exhibits, and Canadians may perhaps be pardoned for their pride in both the quantity and quality of the Canadian exhibit. To Miss Hersey, Superintendent of Nurses, Royal Victoria Hospital, Montreal, belongs the credit of having assembled the exhibit from all the provinces of Canada, and for having it safely packed and despatched by steamship. It was she, too, who had all the worry of its failure to arrive until the morning on which the Conference opened, and the compensating joy of seeing it all in place by 9.30 a.m. Monday, July 20th. We were all deeply grateful to the members of the Exhibit Committee in Helsingfors and in particular to Miss Nanna Hall for having set it up so beautifully for us.

In the same room with the Canadian exhibit, were exhibits from Australia, France, New Zealand, Poland and England. Our exhibit occupied about two-thirds of the space. A large Union Jack was suspended from the middle of the room, and smaller ones were distributed in various parts. A Canadian pupil nurse dressed in uniform graced the centre of the table.

The V.O.N. Exhibit was very attractive. A doll dressed in the outdoor uniform attracted attention at once, and so did the large size photograph of the "Bonniest Baby in the British Empire Competition of 1924," won by a Canadian baby. A map of Canada was marked to show the distribution of V.O.N. work, and photos of nurses, and a collection of the forms used, gave a vivid picture of the activities of the organization.

The Junior Red Cross exhibit occupied a part of the right-hand side of the room, and consisted of a large organization chart, mounted photographs of Juniors at work and

Health Posters. In another part of the room, charts and posters showed Red Cross Outposts and Home Nursing Activities; and various Red Cross publications were on display on the large central table.

The publications of the Federal Department of Health were displayed; and there were attractive exhibits from the Provincial Departments of Health of New Brunswick, Ontario, Manitoba, Saskatchewan, and British Columbia. In addition to the photographs of health activities, there were a few large size sepia photographs of some of New Brunswick's beauty spots. This, we thought, a happy idea. In addition to the provincial exhibits, there were descriptive folders of the University of Dalhousie Public Health Clinic, and Red Cross public health work in Prince Edward Island.

The Training School folders were an excellent feature of the exhibit. These represented nursing schools in Alberta, Saskatchewan, Manitoba, Ontario and Quebec. Both English and French-Canadian training schools were shown in the folders from Quebec. All the Ontario folders were bound in a uniform blue vellum cover with the printed caption "C.N.A. Nursing Education Section; Province of Ontario, Canada." Saskatchewan had a uniform cover of brown kraft with old English caption. Somewhat similar brown kraft covers encased the Saskatchewan exhibits of the Government Public Health Department, the Regina City Health Department, Nursing Housekeepers in Saskatchewan, Department of Indian Affairs, Child Welfare, Junior Red Cross, Nursing Outposts, Home Nursing, and the School Hygiene Branch of the Saskatchewan Department of Education. Mention must also be made of the splendid exhibits of the Medical Inspection Department of the Winnipeg Public Schools and the Social Service Department of the Winnipeg General Hospital.

For Canadian nurses, the Canadian luncheon was an event, for we had as our honoured guests, Baroness Mannerheim and Miss Reimann. Baroness Mannerheim spoke to us in such an intimate way, that we felt as if she belonged to us almost as much as to Finland. The chief decoration was a Finnish flag and a Union Jack, while the place cards bore the design of the two flags with the standards crossed. Before the close of the luncheon, a book was passed around for each nurse to sign. The first signature was that of Baroness Mannerheim. This book together with a photograph of the group will be forwarded to our National Office to be kept in the archives. The idea for the luncheon, and all the details of carrying it out, we owe entirely to Miss Gunn.

Since the proceedings of the Conference will be published in book form and will shortly be available at cost price, it does not seem necessary to attempt to give a detailed account of them here, but rather to call attention to some important issues.

Members of the C.N.A. Executive will recall that the Committee on Revision of the Constitution advised bringing into existence an Associate Membership, in the International Council. The motion to delete this clause was made by the C.N.A. and seconded by the National Council of Great Britain, and was carried by a large majority in both the Executive and Grand Council. An amendment to the proposed Constitution to limit each country to one National Association as a member of the International Council was made by the National Council of Great Britain and seconded by the C.N.A. and was carried. These two principles are undoubtedly the most vital in the Constitution of the International Council. The new By-Laws authorize the Board of Directors to establish Headquarters for the International Council and to engage a paid secre-

tary. In order to finance this undertaking, a per capita levy of 5 cents has been agreed on, the Board of Directors having power to modify this sum in countries where the exchange is extremely unfavorable. The work on the Constitution and By-Laws was extremely arduous; so much so, that the members of the Executive usually left Headquarters between 2 and 3 a.m., and retired as the first flush of sunrise was appearing in the east, only to be back at Headquarters again at 8 or 8.30 a.m. This is not mentioned in the hope of eliciting sympathy but simply to show that a great deal of necessary business was transacted, and although amendments will have to be made from time to time to keep pace with developments, still we think that the present Constitution and By-Laws will serve the International Council for many years to come.

There were two invitations presented to the Grand Council for the next meeting which will take place four years hence, one from Canada, and one from China. A little Chinese nurse made a most touching appeal for the next Congress to go to China, stating that China needed the help of her big sisters in the International Council. She was ably supported by Miss Gage and Miss Simpson, American nurses who have been working in China for years. When put to the vote in the Grand Council, the invitation from China was accepted.

The following officers have been elected for the next four years: President, Miss Nina Gage, China; First Vice-President, Miss Clara Noyes, U.S.A.; Second Vice-President, Miss Jean Gunn, Canada; Treasurer, Miss Musson, Great Britain; Secretary, Miss Reimann, Denmark.

In addition to these officers, the President of each National member is ex-officio a member of the Board of Directors.



BARONESS MANNERHEIM

Retiring President of the International Council of Nurses.

Arrangements for the Congress

To the Members of the Canadian Nurses' Association.

After discussing the form in which to present the report of the Congress of the International Council of Nurses, it was decided to publish a general outline of the Congress followed by a more detailed report of the proceedings.

The President has written the general impressions of Congress week and the following reports give a very brief outline of the Congress from the business and social standpoints. The whole proceedings are being printed and will be available for purchase by all members of the Canadian Nurses' Association.

Signed,

*JEAN I. GUNN, Reg.N.,
Official Delegate.*

For many months previous to the opening of the Congress, the nurses of Finland had been preparing to make the Congress one of the most successful ever held and to make perfect arrangements for the detailed management of the many meetings, social functions, transportation and lodgings. The members left at the end of the Congress feeling that they had had a very valuable practical training in the management of a large Congress.

The Committee on Arrangements was subdivided into Sub-Committees as follows: Committee on Entertainments, Chairman, Sonja Koreneff; Committee on Exhibition, Chairman, Aili Engelberg; Committee on Lodgings, Chairman, Emma Astrom; Committee on Meals, Chairman, Hellin Saurio; Committee on Order, Chairman, Venny Snellman; Committee on Local Programme, Chairman, Olga Lackstrom; Committee on Propaganda, Chairman, Kyllikki Pohjala; Committee on Publication, Chairman, Helga Hartman; Committee on Sight-Seeing, Chairman, Lyyli Hagan; Committee on Travelling, Chairman, Tyyne Luoma.

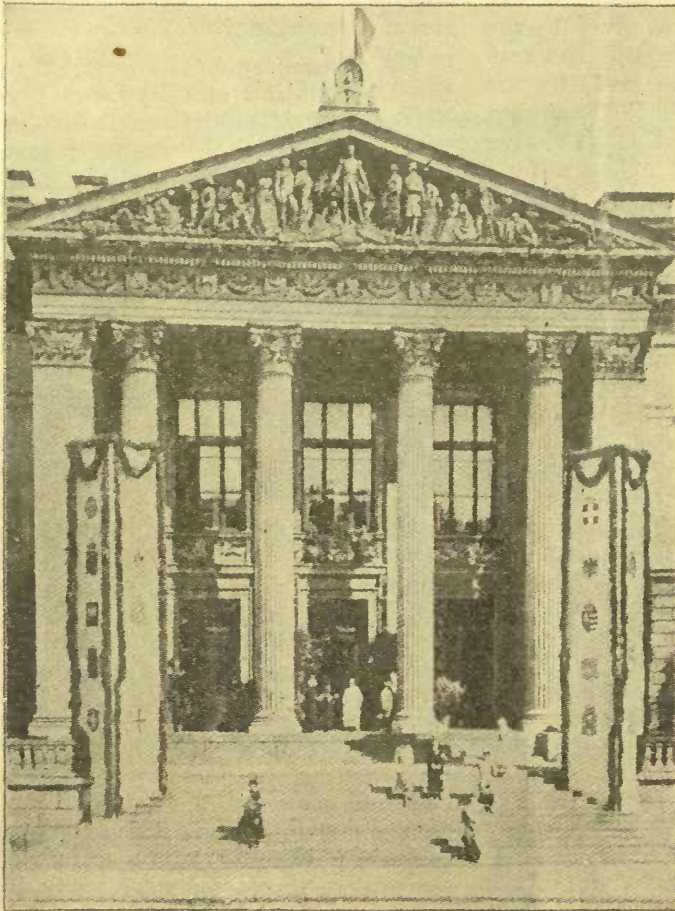
The Congress was under the patronage of the President of the Republic of Finland and the Congress Headquarters was a beautiful build-

ing loaned for the purpose by the Government of Finland.

The meetings of the Grand Council and Executive Committee were held at Headquarters. All general meetings were held at the National Theatre which was rented for the purpose. The expenses of the Congress were entirely paid for by the nurses of Finland. For several months before the Congress the nurses in different sections of Finland raised funds in different ways to give as their contribution to the general funds. Many kinds of entertainments, bazaars, teas, etc., were organized by the nurses and a very satisfactory sum realized. In addition, the Government of Finland gave 125000 marks and the Municipality of Helsingfors 25000 marks. The Government of Finland and the Municipality of Helsingfors assisted also by entertaining members as guests in the state hospitals and in the hospitals of the municipality. Donations were also received from private donors who were interested in the success of the Congress.

The Committee on Publication defrayed all expenses of the official programme by collecting advertisements from local firms. These advertisements were indicative of the

interest the citizens as a whole took in the Congress. The League of Red Cross Societies contributed very largely and in a practical way by loaning the services of one of their secretarial staff to report all meetings of the Congress.



THE CONGRESS HEADQUARTERS

The members on arrival, whether by train or boat, day or night, were met by members of the Arrangements Committee. On registration at Congress Headquarters each member was given a very compact folder containing programme, all invitations to social functions, circulars of instructions and other information.

This folder also contained an arm band on which was printed the name of the country from which the member came, a badge, the different colours designating whether the wearer was an officer, delegate or member and a very pretty pin specially designed for the Congress and having the letters I.C.N. in the Congress colours, blue and white.

The Bureau of Information was extremely well organized and conducted throughout the whole week of the Congress and straightened out many difficulties for the visiting members.

This outline of the arrangements would be most incomplete if it did not mention that for many months preceding the Congress the Finnish nurses gave a great deal of time to the study of English so as to be able to speak and give the necessary

assistance to the English speaking members of the Council. All members attending were very much impressed with the fact that all the Finnish nurses spoke English and all appreciated deeply the great courtesy shown the English-speaking nurses.

General Sessions of the Congress

On July 20th, there were two opening sessions. The first was a Musical Service held in the Church of St. Nicholas at 4 p.m. The Bishop, the Rev. Jaakko Gummerus addressed the nurses. The first number of the musical programme was given by the Finnish Nurses' Choir and the rest of the programme was given by the Choir—"Suomen Laulu." The nurses were most honoured by having the first performance of an unpublished composition by the Finnish Composer, Jean Sibelius—Liturge—"The Lord is my Shepherd."

The regular opening session was held at 8.30 p.m. with the President, Baroness Mannerheim presiding. Addresses of welcome were given by representatives of the Town Council of Helsingfors, the Medical Profession of Finland, the International Council of Women and the International Woman Suffrage Alliance. The response to the addresses of welcome was made by the President.

A paper on the Trained Nurses' Part in Peace, by Mrs. Bedford Fenwick, was read by Miss Pearse, who was an official delegate from the National Council of Trained Nurses of Great Britain.

The second general session held July 21st, at 10 a.m. was a business meeting at which reports from the Secretary and Treasurer were read and also reports of the standing Committees—Programme, Miss Isabel Stewart, Convener; Eligibility, Miss Noyes, Convener; Revision of Constitution and By-Laws Committee, Miss Noyes, Convener.

The Treasurer's report showed a balance on hand of £159 19s. 4d.

As a result of the report of the Eligibility Committee, the national associations of the following coun-

tries were accepted as active members: France, Bulgaria, Poland, Cuba and the Irish Free State; Latvia, Esthonia, Korea and Czecho-Slovakia were each given the privilege of appointing an Associate National Representative.

The Committee on the Revision of the Constitution and By-Laws presented to the Grand Council for discussion very comprehensive recommendations. The proposed Constitution and By-Laws were discussed clause by clause and in addition amendments were presented by the different national organizations. The Grand Council met several times for the transaction of this business and the following summary includes the principal clauses adopted:

Membership. There is only one type of membership for nursing organizations. Any national organization of nurses may become an active member of the International Council of Nurses provided their Constitution and By-Laws are in harmony with those of the International Council.

In countries where there is no national organization of nurses or if the existing national organization does not meet all the requirements for membership, an associate national representative may be appointed by the nurses of that country. Associate national representatives are permitted to attend the meetings of the Grand Council with full voting power.

Board of Directors. A President, First and Second Vice-Presidents, Treasurer, Secretary and National Representatives. The Presidents of National Organizations of Nurses which are active members of the International Council are known as National Representatives. This

clause provides each active member with a representative on the Board of Directors.

The Grand Council. The voting body at each Congress is known as the Grand Council and is composed of the Board of Directors and the accredited delegates from each country holding active membership and the regularly appointed associate national representatives.

Representation. Each National Organization shall be entitled to five

nomination for all standing committees except the Committee on Arrangements would be sent to the Secretary of the International Council of Nurses by each national organization and from these nominations the Board of Directors would appoint all standing Committees.

Voting. Provision was made for the National Representatives to be represented by a proxy at meetings of the Board of Directors. It was decided that at the meetings of the



NATIONAL THEATRE, HELSINGFORS

delegates, one of whom is the president. It will be seen by this clause that all associations have equal membership regardless of the total number of members.

Standing Committees. Membership, Programme, Arrangements, Publication, Nominating, Revision of Constitution and By-Laws, Finance, Education, Public Health Nursing, Private Duty Nursing. Provision was also made for any one of the last three committees to develop a section with the permission of the Board of Directors. It was decided that

Grand Council each delegate would be allowed to cast only one vote except in case of the election of officers when the delegates present from any national organization holding active membership would be allowed to cast all the votes to which the organization is entitled.

Fees. The annual dues for each active member is to be five cents per capita paid semi-annually in advance.

Meetings. The International Council will hold quadrennial Congresses.

International Headquarters. The Board of Directors was instructed by the Grand Council to establish International Headquarters with a full time paid secretary and the necessary clerical assistance.

The third general session held at 2 p.m., July 21st, was to have had Mrs. Bedford Fenwick of Great Britain as presiding officer. In her absence Miss Pearce of Great Britain presided.

Reports of the work of the national organizations were given by the representatives. These reports were most interesting and brought out very noticeably that the problems of the different countries are very similar, and that many are still endeavouring to secure proper professional status for the nurse through registration, while others are trying to improve the registration regulations already enforced.

The evening session was a lecture and a demonstration on Sir Frederick Truby King's methods of Child Welfare Work. The lecture was given by Jentie B. N. Paterson, representing the Child Welfare Department of New Zealand. The lantern slides illustrating the work in New Zealand gave a very clear picture of the beginning and the development of the methods of work adopted by Sir Frederick Truby King.

The session on the morning of July 22nd, was devoted to the subject of teaching in training schools for nurses, including the report of the Standing Committee on Education of the International Council. The other subjects discussed were: Adapting the Basic Nursing Curriculum to Local Needs, Relationship of the School of Nursing to the Hospital, and Methods of Teaching Practical Nursing in the Hospital Ward.

The subject under discussion at the evening session was Nursing Publications. The professional nursing magazine was discussed from

several standpoints and the general impression was to the effect that a nursing journal to be a successful publication should be considered indispensable by the nurses. To accomplish this the journal must be sufficiently instructive and attractive to satisfy all its readers.

The session on the morning of July 23rd, with Miss Jean Browne presiding, was devoted to Public Health Nursing. The first topic the "New Emphasis in Public Health Nursing" was dealt with most ably by Mary S. Gardner, the distinguished author of "The Public Health Nurse." It is interesting to note that her book has recently been translated into French. The "Preparation of the Public Health Nurse" was dealt with by Miss Evelyn Walker and the session ended with a witty and interesting address by Miss Alma Haupt, Director of Nursing of the Commonwealth Fund of Austria on "Types of Organizations in Public Health Nursing." Each of these papers was ably discussed in five minute periods.

In the afternoon, Sister Agnes Karll of Germany presided, and the special fields of nursing were discussed, including Private Duty Nursing, Midwifery, Mental Hygiene, Tuberculosis Nursing and Nursing in Prisons.

The evening session was an open meeting when the "Nurses Place in the World's Health Movement" was discussed from several standpoints. Mr. E. Mandelin, Secretary-General of the General Mannerheim League of Child Welfare in Finland, discussed the work of the League. Miss Goodrich gave a paper on the International Aspects of Nursing Education and Dr. Rene Sand, Secretary-General of the League of Red Cross Societies, gave an outline of the relationship of the Red Cross to Nursing Education and development.

The morning session, July 24th, was presided over by Countess

Louise d'Ursel of Belgium. The subject under discussion was Nursing Legislation with all its many complications such as Reciprocity, Inspection of Nursing Schools and recent progress in legislation.

The general session in the evening had the President, Baroness Mannerheim in the Chair. The session was devoted to welcoming the newly accepted national organizations into active membership. France, represented by Mlle. Chaptal, was welcomed into membership by Canada, represented by the President of the Canadian Nurses' Association, Miss Jean Browne. Poland, represented by Miss Komorska, was welcomed by Miss Eldredge, President of the American Nurses' Association. Bulgaria was represented by Miss Dobrowa and was welcomed by Miss Verwey Mejan, late President of Nosokomos, Holland. The Irish Free State, represented by Miss Alice Reeves was welcomed by Mrs. Rebecca Strong of Scotland. Cuba had no representative present to receive the membership enrolment. Each representative was presented with flowers tied with the national colours of her country and the orchestra played the National Anthem of each country following the formal membership acceptance. This session was made most interesting by the greetings given to the Congress by some of the older members who had been responsible in the early days of organization for the success of the International Council. Among those greetings was a letter from Miss M. A. Snively who was one of the early pioneers in the International Council of Nurses.

The banquet held on Saturday night was really the closing session of the Congress. The evening was most enjoyable and very interesting. Representatives from the different continents gave short addresses in which they conveyed the greetings of the nurses to the Congress and all the members present felt the truth

of the old saying that nursing has no natural boundaries. Asia was represented by Lillian Wu, Superintendent of Nurses of the Red Cross Hospital, Shanghai, China; Australasia by Janet A. Moore, Instructor, Otago University, New Zealand; America by Clara D. Noyes, National Director of the Nursing Service of the American Red Cross, Washington, D.C.; Africa by Bella Gordon Alexander, Hon. General Secretary of the South African Trained Nurses' Association, Johannesburg; and Europe by Charlotte Munck, Matron, Bispegjaerg Hospital, Copenhagen, Denmark.

The Committee on Resolutions reported at this session expressing very grateful appreciation to all who had assisted in making the Congress so successful and in welcoming and entertaining the visiting members.

The newly elected members of the Board of Directors were introduced by the retiring president, Baroness Sophie Mannerheim; President, Miss Nina Gage; First Vice-President, Miss Clara D. Noyes; Second Vice-President, Miss Jean I. Gunn; Treasurer, Miss Musson; Secretary, Miss Christiane Reimann.

It was announced by the President that the Grand Council had decided to hold the next meeting of the International Council in China in 1929.

The Registration of Nurses at the Helsingfors Congress

Austria 4, Australia 1, Belgium 8, Bulgaria 2, Czecko-Slovakia 1, Canada 60, China 4, Denmark 40, Esthonia 16, England, Scotland and Ireland 32, France 8, Finland 500, Germany 25, Greece 2, Holland 36, Hungary 2, Italy 1, Iceland 2, India 1, Japan 2, Latvia 3, Norway 40, New Zealand 8, Porto Rico 1, Poland 4, Russia 4, Sweden 44, South Africa 5, Switzerland 8, United States 203.

There were thirty-two countries represented with a total enrolment of 1064.



EXHIBIT FROM CANADA

The Round Tables of the Congress

The Round Tables were usually held from 9 to 10 in the morning before the general session opened. The Round Tables dealt with all branches of nursing and were conducted by nurses representing many different countries. The members dividing into small groups to discuss a special question gave each member an opportunity of hearing the discussion of the subjects in which she was most keenly interested. These informal discussions proved very helpful to the members and gave an opportunity for an interchange of ideas as well as for learning how the different countries were dealing with the problems common to all.

The subjects discussed were: Position of the Matron or Superintendent of Nurses; The Duties and Pre-

paration of Teachers and Supervisors; Nursing under Government Auspices; The Nurse in Community Health Work; How Lay People Best Co-operate with the Nursing Profession in the Advancement of Nursing Education; University Schools of Nursing; New Ideas and Devices in the Nursing Care of the Patient; Newer Developments in Child Welfare Work; Organization of the Nursing Service of the Red Cross; Text and Reference Books for Nurses; How to Start Public Health Nursing in a New Country; Nursing Economics; Training and Control of Midwives; How to Interest Young Women in Nursing; Professional Ethics; Subsidiary Groups in Relation to Nursing Service; The Nurse in Social Service; School Nursing and Health Education in Schools.

The Social Side of the Congress

The nurses of the Congress were specially honoured in being received by the President of Finland and his wife in the beautiful state rooms of Government House and each of the legations issued invitations for tea to the nurses of their respective countries. The Municipality of Helsingfors entertained at a delightful afternoon function in Fölisö, a charming park on an island where one saw the costumes, handicrafts and dwelling places of the Finnish peasants. The programme of this garden party was given by the Brage Society, an organization to revive

and preserve the national culture in Finland. The Finnish Red Cross Society entertained the nurses at a charming evening reception in Casino de Brando.

In addition to these official entertainments, the following delightful social functions were given for the nurses: Banquet by the Nurses' Association of Finland; Luncheon by the National League of Trained Nurses of Finland; Luncheons at the various hospitals; Boat ride in the harbour of Helsingfors; a Banquet at the Brunnshuset.

THE CANADIAN LUNCHEON AT HELSINGFORS

By GRACE M. FAIRLEY, Reg.N.

Probably to members of the C.N.A. present at the International Congress no event created greater interest or stirred the emotions more than the luncheon which took place on Thursday, 23rd July, at the Hotel Societetshuset. One must picture the truly foreign atmosphere of Helsingfors to appreciate fully what it meant to find oneself—one of fifty Canadian nurses, sitting at a table with the President, Miss Jean Browne, at the head—so far from home and yet so much at home. As our guests we had Baroness Sophie Mannerheim, the honoured International President, who sat at Miss Browne's right, and also Miss Reimann, the secretary. Miss Browne received the members and presented them to the International President (who was the recipient of an exquisite bouquet of roses).

The tables were beautifully decorated with purple and yellow iris, and at the head table were small Canadian and Finnish flags. The place cards had the flags of both countries in the corner, which gave a charming international touch to the whole.

In welcoming the guests and members, our President referred with appreciation to the hospitality we had enjoyed at Helsingfors. She also referred to the arrangements of the luncheon, which were carried out entirely by the effort of Miss Jean Gunn, who in her usual amusing way told of the lingual effort in procuring the cards!

The whole setting was delightful, and it will long remain a very pleasant memory to those privileged to be present.

Canadian Nurses at Helsingfors

| | |
|---------------------|--|
| Jean E. Browne..... | Director of Junior Red Cross, Canada; Official Delegate Canadian Nurses' Association. |
| Jean I. Gunn..... | Superintendent of Nurses, Toronto General Hospital; Official Delegate, Canadian Nurses' Association, also Representative of Florence Nightingale Association, Toronto. |

REPRESENTING LOCAL NURSES' ORGANIZATIONS

| | |
|--------------------------|--|
| Janet Allison..... | Staff nurse, Department of Public Health Nurses, Toronto; Representing Department of Public Health Nursing, Toronto. |
| Catherine E. Armour..... | Instructress of Nurses, Jeffery Hale's Hospital, Que.; Representing Jeffery Hale's Hospital Alumnae Association. |
| Edith Campbell..... | District Superintendent, Victorian Order of Nurses, Toronto; Representing Toronto Branch Victorian Order of Nurses. |
| Beatrice L. Ellis..... | Superintendent of Nurses, Western Hospital, Toronto; Representing Western Hospital Alumnae Association. |
| Grace Fairley..... | Superintendent of Nurses, Victoria Hospital, London; Representing Victoria Hospital Alumnae Association. |

| | |
|--------------------------|---|
| Mabel F. Hersey..... | Superintendent of Nurses, Royal Victoria Hospital, Montreal; Representing Royal Victoria Hospital Alumnae Association. |
| Margaret Kelman..... | St. Elizabeth's Visiting Nursing, Toronto; Representing St. Michael's Hospital Alumnae Association, Toronto. |
| Ida McAfee..... | Assistant Superintendent of Nurses, Western Hospital, Toronto; Representing Rochester Homeopathic Hospital Alumnae Association. |
| Christina Macleod..... | Superintendent of Nurses, Brandon General Hospital; Representing Manitoba Association of Graduate Nurses. |
| Margaret L. Moag..... | District Superintendent, Victorian Order of Nurses, Montreal; Representing Victorian Order of Nurses, Montreal. |
| Margaret Murdoch..... | Superintendent of Nurses, General Public Hospital, St. John, N.B.; Representing the New Brunswick Association of Registered Nurses. |
| Agnes C. Sargeant..... | Victorian Order of Nurses, Cornwall; Representing Victorian Order of Nurses of Canada. |
| F. M. Shaw..... | Director, School for Graduate Nurses, McGill University; Representing Association Registered Nurses of Quebec. |
| Elizabeth Smellie..... | Chief Superintendent, Victorian Order of Nurses; Representing Victorian Order of Nurses for Canada. |
| S. E. Young..... | Superintendent of Nurses, Montreal General Hospital; Representing Montreal General Hospital Alumnae Association. |
| Mary A. Young..... | Night Superintendent, Hamilton General Hospital; Representing Oshawa General Hospital Alumnae Association. |
| Ella A. Addy..... | St. John, N.B.; Living at home. |
| Jane Ahn..... | St. Elizabeth's Visiting Nursing, Toronto. |
| Edna M. Auger..... | Supervisor of Nurses, Medicine Hat General Hospital, Medicine Hat, Alberta. |
| Lyla C. Belding..... | General Public Hospital, St. John, N.B. |
| H. F. M. Bowman..... | Superintendent, Women's College Hospital, Toronto. |
| Mary E. Burgess..... | Private Nursing, Toronto. |
| Ada M. Byfield..... | Private Nursing, Spring Lake. |
| Florence E. Coleman..... | Superintendent of Nurses, St. John County Hospital, St. John, N.B. |
| Mabel Darville..... | Head Nurse, Royal Victoria Hospital, Montreal. |
| Isabel Davies..... | Supervisor, Operating Room, Montreal General Hospital, Montreal. |
| Catherine M. Ferguson.. | Superintendent of Nurses, Alexandra Hospital, Montreal. |
| Lilly N. Gray..... | Victorian Order of Nurses, Montreal. |
| Dorothy Hadrill..... | Private Duty, Montreal. |
| Ella Rae Hirst..... | Private Duty, Cornwall. |
| Emma V. Himmeler..... | Living at home. |
| Agnes Jamieson..... | Private Duty, Montreal. |
| Marie Kirkpatrick..... | Public Health Nursing, St. Stephens, N.B. |
| Jean Malcolm..... | Private Duty, Winnipeg. |
| Kathleen Manson..... | Staff Nurse, Royal Alexandra Hospital, Edmonton, Alberta. |
| Grace R. Martin..... | Instructress, Royal Victoria Hospital, Montreal. |
| H. A. MacKay..... | Industrial Nursing. |
| Katharine McKinnon..... | Public Health Nursing, Toronto. |
| Stella Murphy..... | St. Stephens, N.B. |
| Aileen McKinnon..... | Private Duty, Toronto. |
| Carolyn H. Murray..... | Living at home. |
| M. W. Reynolds..... | Industrial Nursing, Niagara Falls. |
| Helen M. Rogers..... | Royal Victoria Hospital, Montreal. |
| Anita Ross..... | Head Nurse, Royal Victoria Hospital, Montreal. |
| Bertha Tooke..... | Living at home. |
| Barbara R. Widder..... | Private Duty, Montreal. |

Special Note: The official registration showed sixty nurses registered from Canada, but owing to the difficulty of reaching all the nurses in order to secure the necessary information, this list is not complete. Any Canadian nurse who attended the Congress and whose name is not included in this list, is asked to send the necessary information to the Executive Secretary so that her name may be added to the list at the National Office, Winnipeg, Man.

V. A. KOSKENNIEMI
SISARPIIRIN LAULU

V. A. KOSKENNIEMI
SONG OF THE NURSES

Andante, poco marciale

Yrjö Kilpinen

mp dolce

t. Me tun - nem-me tus - kan vuo - te hen ja ris - tin - kan - ta-jen
 t. We know the dread cham-bers, where pain doth dwell and suf - fe-ring shar - pens the
 ja ih - mis - fus - kan kor - pe - hen me toi - von yr - tin
 in hu - man a - gony's de - sert land the live seed of hope we

mp

ma - jan, me o - lem-me vär - ti - o vii mei - nen li - ki
 breath We are the fast out - post u - pon the earth, guard the
 viem - me Ja loh - - - dun kalk - ki - a kan - ta - en o - vat
 of - .ler Both man and wo - man will bless our hand when the

p con solennità

kuo - lon ja e - lä-män ra - jan, Me o - lem-me va - li - tut
 liné, where-on life meets death. Our eyes keep watch through
 siu na - tut kä - tem-me, tiem - me. Te si - sa - ret, sy - dä-min
 gob - let of com-fort we prof - fer. Up sis - ters, to work, pre-

mf

val - vo - maan, näy-tä, lamp-pum-me pie - ni, yö - hön! On kä - tem-me kut-su-tut
 night's long hours, shine on, oh lamp, shine bright - ly! To ease the bur - den of
 lam - pi - min, kä-sin vii - lein lau - peus - työ - hön! Me o - lem-me var-ti - o
 serve good cheer with pain, heart and hand e - ver cope! We stand, the ve - ry last

f poco rit.

kan ta - maan ja vii - hi - tyt uh - ri - - - työ - - - - - hön.
 pain is ours and help to bear it light - - - - - ly.
 vii mei - sin, näytä, lamp - pumme, lois - ta yö - - - - - hön!
 out post here il lu mine the night, lamp of hope!

Forest Schools in Toronto

By ANNA G. DOVE, Reg.N.

One of the interesting things, from a health standpoint, to be seen in Toronto each year from May till October, is the work being done in its Forest Schools. There are two of these, one in Victoria Park in the east end of the city, and the other in High Park in the west end. The work of these schools dates back to 1912, when the one at Victoria Park was opened with an enrolment of fifty children. At that time the Medical Inspection Department of the Board of Education felt that some provision should be made for children suffering from malnutrition and also those with any family history of tuberculosis.

So successful was the first attempt, that in 1914 a similar school was opened in High Park. In 1917, with the transfer of school health services, the medical, dental and nursing services in connection with the Forest Schools were undertaken by the Department of Health. At this time about one hundred children were enrolled in each school. In 1920 the Board of Education appointed permanent principals to take charge of the Forest Schools, and since then the development has been quite remarkable. In Victoria Park there is now accommodation for one hundred and sixty children and in High Park for two hundred. The selection each year of the children who are to attend the schools calls for much thought and care, as there is an increasing demand for admission. To each of the eight health districts of the city is allotted a certain number of children, the poorer sections being given the largest number and the choice of cases being left to the District Medical Officer and the Public Health nurses. Malnourished children, tuberculosis contacts and chil-

dren suffering from chorea are given the preference.

A visit to the schools on the opening day would show a picture of children who seem to have little or no animation, and know little or nothing about how to amuse themselves. A visit a few months or even a few weeks later would reveal a very different picture. The entire daily programme of the school is carried out in the open air. The time for the opening of school is 9 o'clock, but many of the children arrive long before that hour. Immediately after the opening exercises they are given either cocoa or milk, and then begin their class work, which, with the exception of a short play period, continues till noon. Before lunch, which is a good substantial meal, the children are lined up and given time to wash their hands and faces. After lunch they have a toothbrush drill, and then go to bed under the trees for two hours. This rest period is organized under self-government. The remainder of the afternoon is spent in different ways — nature study, walks, supervised play periods and manual work for some of the children. Before they leave for home at 4.30 p.m. they are again given milk and bread and butter.

The remarkable improvement of these children is a conclusive proof of the value of these schools. This improvement is not only shown in the physical condition, but is revealed also by the development of character and by educational attainments. Few children need to return for a second term. Dull children change so that they are sometimes able to miss a grade on return to their regular school. At least seventy-five per cent. make good in the ordinary grade.

One or two typical cases may be of interest. John, a boy of twelve years, was selected for Forest School because the Public Health nurse felt that his poor physical condition and irregular attendance at school were due in great measure to the fact that he was coddled at home. When first admitted he seemed to have no confidence in himself. If asked to solve the simplest problem, he would say, "Can't do it," and begin to cry. Though he lived comparatively near the school he was afraid to go alone, and had to be taken by his father for several months. At the Forest School he learned to play his first outdoor games with other boys. In competing with boys like himself he began to see he could do things. During the school term his parents moved to a part of the city some miles distant from the school, but so interested was John that he preferred to get up at six o'clock every morning rather than give up going to the school. He was able to attend almost every day. On his return to the regular school he was promoted, and in some of his examinations headed the list for the first time in his life.

Ethel, a girl of over fourteen years, when admitted to the school, was found by the psychiatrist to have a mental age of twelve and a half years; to be lacking in initiative and self-confidence, with very scanty ability in reasoning things out; to have practically reached her academic limit. This appeared to be a fair description. No one ever thought of making this girl a monitor, or giving her charge of any group work. She was a follower, not a leader. Her condition of health was such that, as she afterwards con-

fessed, she was absolutely discouraged. As she was not making progress at school, she had taken a position with a very small salary. Not being able to stand the work she applied at one of the departmental stores for some form of light work, but was refused because she had not enough education. Someone seeing her upon admission to the school described her as "like an old woman who had lost every friend in the world." Very soon a change was noticeable; she began to write of the birds, the flowers and the sunshine. She seemed to have the power to express the joy she was finding. With encouragement she wrote story after story, and before the end of the term had two of her writings accepted by the papers, one a prize winning essay. Before leaving the school, Ethel gained fifteen and three-quarter pounds in weight and said she had never felt so well. At the end of the term the psychiatrist found her mental age to be fourteen and three-quarter years. He stated that her reasoning ability, general knowledge and observation were good, and suggested that she should have every encouragement to continue her education. Some months later, in the best of health and under the guidance of a very capable and sympathetic teacher, Ethel was reported to be doing entrance work with marked success. So well has she continued to work that there is good reason to believe that the girl who at one time had not sufficient education to wrap parcels in a departmental store will some day become a Canadian authoress.

(Anna G. Dove, Superintendent, Runnymede District Office, Department of Public Health, Toronto.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

Nursing as a Profession

By ANNIE E. MCINTYRE, Reg.N.

A nurse's life is essentially a life of service; service to growing, suffering and dying humanity. At the beginning of her practice in the profession the nurse meets with many problems which she has not encountered in her years as a student nurse. Her work brings her into homes where the sick and suffering await her help and assistance towards the road of recovery; or, failing that, she is expected to ease and soothe the last hours of the dying patient. In every case much depends on the efficiency of the nurse; also on her cheerfulness and adaptability to circumstances. All of which makes for character.

If the nurse has had an adequate course in her training school, the requisites for proficiency in her profession—skill in her work and the necessary learning—will have been attained to a great extent; but grouped with these, and quite as necessary for success, is character. A nurse must be just, and considerate of her charge; have a tenderness akin to motherliness; a touch light and deft; a cheerful countenance and happy attitude through every difficulty; patience and endurance at all times; a quick, decisive mind, and an easy shouldering of responsibility, so as to ease the mind of both the patient and his friends and to be the reliable assistant of the physician in charge.

This seems a great deal for one individual, but courage and will power will bring to each one these essential qualities and make each an influence for the betterment of society.

A nurse must learn to adjust herself to various conditions of life; to various personalities and temperaments. The training schools have stressed this point, and we have learned it in our homes, and in our personal contacts with humanity.

These, then, are the requirements for the life of service which is the portion of the true nurse, and with them, success in her profession is assured.

What are the compensations? Work well done brings the reward of a satisfied mind and often the gratitude of our fellow men.

Time for relaxation and recreation must be taken by the nurse at frequent intervals between cases, when she may have the physical rest needed and a change of environment and mental outlook which will rejuvenate her body, freshen her mind, and so send her to her new cases with a zest for her work, and courage to face all difficulties. She is progressing all the time, and opportunities are always open for the wholesome, capable nurse. Specializing in various lines adds to the chance of improvement and, incidentally, to a better wage scale. Administrative positions are offered for the experienced and tried.

Taken in all its phases, nursing as a profession is one that will continue to attract thoughtful, ambitious girls, to whom it is our place, as of the fold, to extend a welcome; to encourage them and to strive to imbue them with the ideals and principles of our noble profession.

Extension Course for Private Duty Nursing

An impressive air of enthusiasm prevailed in the Physics Building of the University of Toronto on the morning of Monday, August 24th, 1925, when two hundred and fifteen private duty nurses assembled for the third annual extension course. Miss Carruthers, convener of the Private Duty Committee, with Miss Latter, in the absence of Mr. W. J. Dunlop, met the nurses and welcomed them with a cheery greeting. Dr. Ogden, on behalf of the University, extended to the nurses a hearty welcome and congratulated them on their pursuit of knowledge. The lectures started at 9.10 a.m., August 24th, and were as follows:

August 24th

Essentials, Emergencies, and Pneumothorax in Tuberculosis: Dr. W. E. Ogden.
Political History: Mr. W. S. Wallace.
Ductless Glands: Dr. G. S. Young.

August 25th

Nursing Care in Venereal Diseases: Dr. Gordon Bates.
Political History: Mr. W. S. Wallace.
Story Telling and Reading Aloud: Mrs. D. Mavor Moore.

August 26th

Skin Diseases, Erysipelas, etc.: Dr. D. King Smith.
Modern Literature: Miss G. Wookey.
Story Telling and Reading Aloud: Mrs. D. Mavor Moore.

August 27th

Focal Infection: Dr. W. G. Trelford.
High Blood Pressure and Arteriosclerosis: Dr. J. A. Oille.
Some Sidelights on the Modern Novel: Miss G. Wookey.

August 28th

Obstetrics (Eclampsia): Dr. H. B. Van Wyck.
Cardiac Diseases: Angina Pectoris, etc.: Dr. J. A. Oille.
Some Sidelights on the Modern Novel: Miss G. Wookey.

August 29th

Obstetrics (Eclampsia): Dr. H. B. Van Wyck.
Cardiac Diseases: Angina Pectoris, etc.: Dr. J. A. Oille.
Meningitis and Infantile Paralysis: Dr. R. G. Armour.

On Monday afternoon about two hundred nurses visited the Toronto General Hospital, when dressing trays were demonstrated by Miss Scott and Miss Coutts. These were found most interesting and the nurses were pleased to be able to brush up on many details. Afterwards the nurses visited the various wards.

On Tuesday afternoon the Toronto Western Hospital was visited. Dr. Harvey Agnew renewed his acquaintance with a large number of the nurses and gave a most interesting talk on "Recent Advancement in the Treatment of Disease." Mr. Galbraith, Superintendent, and Miss Ellis, Superintendent of Nurses, extended a hearty welcome, following which tea was served and a group picture taken on the front steps of the hospital. Needless to say, the visit to the Toronto Western Hospital was much appreciated by the private duty nurses and will always be a bright spot in their memories.

On Wednesday afternoon at 2 o'clock the nurses assembled in the lecture room of the Hospital for Sick Children, when Dr. Gladys Boyd gave a very instructive talk on Diabetes in Children. Dr. Boyd is an authority on this subject, and the nurses were very fortunate in having her lecture to them. Later they were shown over the hospital.

On Thursday afternoon the new Psychiatric Clinic was visited by the nurses. This is the first clinic of its kind in Toronto, and although not complete in equipment the visitors were able to see over the building and Dr. Farrar outlined the nature of the work to be undertaken. The remainder of the afternoon was spent in going through Hart House.

In the evening, at the Prince George Hotel, the first dinner was held. One hundred and forty nurses were seated in the spacious dining room. The tables were prettily decorated, and at each plate was a dainty pink rose. "God Save the King" (played by an

unknown musician) was heartily sung by the nurses.

At the head table was Miss Carruthers, convener, with Miss Jean Browne as the guest of honour, also Miss E. McP. Dickson, Toronto Free Hospital; Miss Locke, Toronto General Hospital; Miss Ellis, Toronto Western Hospital; Miss Mathieson, Riverdale Isolation Hospital; Mrs. Bowman, Women's College Hospital; Miss Rowan, Grace Hospital, and Miss Flaws, The Wellesley Hospital.

Miss Carruthers introduced Miss Browne, who had returned a few days previously from a four months' trip abroad, visiting Central Europe in the interests of the Junior Red Cross, and also as an official delegate to the Congress of the International Council of Nurses at Helsingfors (Finland). Miss Browne gave such a vivid picture of her stay in Helsingfors that her hearers felt they had been there. Needless to say her talk was much enjoyed and one and all felt proud to think that the Canadian Nurses Association has as president a woman of such ability and charm, and one whom they know has their best interests at heart. Miss Maude Haslett, on behalf of the committee, proposed the toast to Our Guests, responded to by Miss E. McPherson Dickson, the esteemed president of the Registered Nurses Association of Ontario. To the majority of the nurses the names of Miss Browne and Miss Dickson were very familiar, still, this was the first opportunity many of them had had of meeting and knowing them. A number of them said "To know them is to love them." Miss Sarah Burnett expressed to Miss Browne the appreciation of the private duty nurses for her interesting address. Miss Amelia Cahill expressed the thanks of the nurses to the artists who had rendered such delightful music. A most enjoyable evening was concluded by the singing of "Auld Lang Syne."

It is certain that a greater interest will be taken by private duty nurses individually in nursing activities as the result of this gathering.

On Friday afternoon one hundred and seventy-five nurses left the University campus at 2 o'clock in the new Toronto Transportation Co. buses for Whitby, to visit the Ontario Hospital, which is beautifully situated on the shore of Lake Ontario. They were received by Miss Gertrude Bryan, Superintendent of Nurses, and grouped off into parties of fifteen, each group being taken charge of by a doctor or head nurse and shown through the many buildings. The visitors were much impressed by the ideal surroundings and the splendid work carried on by Dr. Forester and his staff. After visiting the different places the nurses were entertained in the Great Hall to afternoon tea, which was thoroughly enjoyed. Miss Carruthers, on behalf of the nurses, expressed to Dr. Forester, Miss Bryan and staff, their thanks for such an instructive afternoon.

Although a strenuous week was drawing to a close, the nurses were just as full of enthusiasm on Saturday as they had been at the opening session on Monday morning, but through it all there was a feeling of regret that in a few short hours "goodbyes" would be said for another year to the University staff, and to the many friends each had made throughout the week.

At the close of the lectures, Miss Josephine Hamilton, who had the honour of being the senior private duty nurse in attendance, being a graduate of thirty-seven years (Hospital for Sick Children), and one of the best known nurses in Toronto, presented to Miss Carruthers, on behalf of the members present, a beautiful bar pin. Miss Carruthers expressed her appreciation and thanks. Bouquets of roses were presented to Miss Clara Browne, Miss Maude Haslett and Miss Amelia Cahill, who had assisted Miss Carruthers in making this, the third annual extension course, such a success. In the afternoon the nurses had the honour of being guests at the opening of the Canadian National Exhibition, a courtesy extended by Mr. John G. Kent, managing director.

"C. and C."

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

The Value of the Clinic in the Education of the Nurse

By LILIAN LAURIE, Reg.N.

The scientific tendency of the age is towards the prevention of disease rather than its cure, which is demonstrated in every direction by the establishment of clinics concerned with the preservation of health. Many hospitals have today quite a large variety of these clinics attached to their "out patients" department, a few of which are: the baby clinics concerned in teaching mothers how to keep babies well; the prenatal clinics insuring the prospective mother a safe maternity; and the venereal disease clinics dealing with the treatment of such cases and safe-guarding the patients' families.

In these clinics a greater wealth of experience can be obtained for student training than is to be found in any other of the available fields in the hospital. Such a department cares for a much larger number of patients and a far wider range of cases than those admitted to the wards. The latter are usually in acute or advanced conditions, while at the clinics the types seen by the student belong to the incipient, convalescent or chronic stages of disease, as well as a large group which do not at any period require bed-side care. Here also the significance of minor symptoms with the importance of early physical examination and diagnosis may be learned. At the same time there are varied and numerous social problems compelling the attention and preparing the student for similar experiences in the future, giving her a more sympathetic understanding and a keener realization of the close interdependence of medical and social work.

Complete records, both medical and social are kept on file, from which a genuine insight may be gleaned of intricate medico-social problems. These social records, if carefully studied bring home forcibly to the student the dependence of the patients' improvement upon correct social and mental adjustments. Every effort should be made to encourage the study of individual cases by the careful reading of these records, the educational value of which cannot be over-estimated from the nurse's standpoint.

We have already noted that the clinic does not deal with acute cases, consequently the student has an opportunity to round out her ward experience with that gained here in the earlier and later stages of disease. To make this of real educational advantage, there must be close correlation with ward work, as well as correlation with class teaching. In order that the student should make the right connection, there should be some class work on the clinic's speciality preceding each individual clinic, and if possible she should come from wards caring for similar cases in acute stages of the disease.

Up to the present time students in most clinics do not receive planned instruction of any kind. The graduate in charge of the department is too busy with the pressure of her own work to be able to give any time to instruction of the various cases. A thorough drilling is given in such routine duties as dusting, setting up of tables, cleaning of instruments, handling of numerous patients and attending to many other indispensable

details upon all of which hinges the smooth running of the clinic. Apart from this any professional knowledge that the student may gain is quite accidental. She has to depend entirely upon her own powers of observation and the questions she may ask, as well as upon the chance goodwill of the doctors, some of whom fortunately realize that the nurse is there to learn.

There is no doubt that a certain amount can be learned through careful observation of special cases and helping in their treatments, but such chance gaining of knowledge is of limited value, as young students do not possess the necessary background to enable them to separate the important from the non-important. It is quite evident that the full educational value of such clinics will be lost

without the guiding supervision of a fully qualified instructor. Such an instructor will help the student to make connections with ward cases by pointing out the different stages of the same disease and the medical and nursing care associated with each stage, as well as the social and economic significance of the disease. She must therefore be a specialist in the particular work of the clinic to be able to accomplish such an important task.

Students expertly supervised in this way and carefully assigned cannot fail to prove the unequalled value of the clinic as a teaching field, either to enlarge the range of nursing and medical knowledge or to give an insight into social and community problems.

(By Lilian Laurie, Reg.N., Royal Alexandra Hospital, Edmonton.)

From a Monthly Report of a Toronto Public Health Nurse

By G. BASTEDO, Reg.N.

A child appears in the medical service room to be re-admitted. He may state that the cause of his absence has been a sore leg. We immediately look down his throat, as a first step in our zeal to detect any communicable disease. I often wonder if he ever imagines we are looking through his throat to see his leg or just what his thoughts are when we examine everything but his leg so carefully. I was amused to hear the conclusion that one laddie came to.

The other day I met the mother of a small boy, who said, "Oh, nurse, last week Billy went up to see you when he had been away a few days, and when he came home he said to me, 'Oh, gee, Mom, that nurse knows everything about you! She can look down your throat and she knows what time you go to bed and

if you sleep with your window open.'"

When Billy had been waiting his turn, I was examining another child who came to be re-admitted, and as I glanced in her throat I expressed my surprise at her failure to live up to these two health rules and took the opportunity to give her a little health talk. It was necessary to explain this to the mother, as well as the fact that a few days before that I had gained this information in examining a monthly health chart made out by this girl in her domestic science class at the Fred Victor Mission.

I did not explain this to the children and the little boy standing there with his eyes and mouth open evidently thought there was black magic in my eye that enabled me to look down her throat and read her inmost secrets in a passing glance.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Child Psychology

(Convenor's Note—Various Problems of child life are discussed in a series of pamphlets published by the American Institute of Child Life. The problems are dealt with by different writers and the following is a summary of the principal ones.)

The Problem of Quarrelling

Several writers give opinions on this subject and all reach the same conclusion, that while it is disagreeable for parents, it is stimulating in mind and body to the children, and we must recognize the fact that in a family of energetic children there will be lively tilts, and many of them.

The parents should endeavour to maintain an acute interest in the triumph of the just cause without interfering. This virtue of non-interference is an achievement—not a gift.

The Problem of Fighting

Particularly with boys, this is an ever-present problem and has its good points. Dr. Forbush says it is often both necessary and praiseworthy to fight, and whoever assails that conviction has simply uprooted one of the moral foundations of a child's life. Before a boy can rise to a sense of chivalry and struggle for others, he must first win a self-consciousness and self-respect of his own. This he does most directly in fighting with his peers.

The boy who is not allowed to fight or who won't fight, does not lack the pugnacious spirit, but usually exhibits it in less pleasing ways. He is apt to win by fraud or treachery. The instinct to fight may result in desirable qualities: quickness of eye and hand, decision, force of will and self-control, as he who loses his temper is lost.

When a boy who has been fighting returns home, he is probably ex-

hausted and is in no mood to be disciplined; he should not be met with anger and reproach, but rather with sympathy, and later an effort should be made to make him distinguish between the things in this life which are worth fighting for and those which are not.

The Problem of Teasing

Teasing is primarily the danger signal of idleness; the control of it then is largely a question of guiding the child's energies—first in work, then in play. Some of the work should be of the kind which taxes patience and makes considerable demand on muscles. Play, for a group of children, should include activities of interest to both big and little folk, or they should be separated.

Punishment for teasing should be something involving the expenditure of energy, rather than the repression of it, preferably something to do out of doors which will cause the child to use his muscles.

The Problem of Bullying

Bullying is an exaggerated form of teasing and the solution seems to be the guiding of the child into a happy occupation of work or play.

Making the Best of Anger

We must come to the reluctant realization that this instinct, like all others, has its encouraging possibilities. "Only weaklings are incapable of anger, and righteous indignation has done much of the best work in the world."

Anger is one of the most unlovely traits of childhood and one of the most difficult to control; but it is also true that the one who rarely feels it often suffers wrong, and that when it is stirred by the unjust suf-

ferings of others it impels most strongly to the righting of these wrongs. Manifestly there must be thoughtful action on the parent's part if the child is to be so trained that he will experience anger as a virtue and escape it as a vice.

If this austere virtue is ever to come to the last, most noble fruition, it must be a process of growth, and we shall at times have to be patient with some wild, awkward developments, being careful to prune them, but not to destroy the plant itself.

The History of Anger

To summarize this topic we may say that there is a steady broadening, deepening and diffusion of the anger instinct as the years go on. The child passes from exasperation caused by physical discomforts to wrath against individuals, and then largely outgrows his grudges and feels indignation chiefly against moral wrongs. He shows temper first at being foiled or checked, then at personal affronts, and finally at attacks upon his reputation and character.

Whatever be the individual mother's theories as to the place of anger in her child's life, she has its practical problems to meet, be she Quaker or Militant Suffragist. The sensible thing to do is to study carefully the causes of various expressions of anger and wisely apply remedies. If there be any good in this divinely implanted instinct, it behooves us to bring it to its finest culmination.

The Problem of Temper

Very often temper in children follows the example set by parents, also physical ill-health, teasing, aggression on the part of others, or publicity as to a child's appearance or manner may cause outbursts of temper.

In thus enumerating some of the causes we have hinted at the cures. The governing of our own tempers may help our children to attain self-

control. Children should never be teased; there are some adults so foolish as to amuse themselves by teasing children and who do not seem to realize the outrage they are perpetrating. This should never be permitted for one moment; better to offend the adult than to have the child's disposition ruined. Children's doings or appearance should never be commented upon in their presence and they should be given time to adjust themselves to new or unpleasant commands. Where ill-health is the cause, symptoms of temper should be ignored until physical poise is restored.

The Problems of Crying and Sulkiness

Among young children we find, in general, that temper is expressed in two ways, the child smoulders or yells. What shall we do with the kicking, screaming, yelling child, or the child who holds his breath until blue in the face? Punishment and reasoning are alike of no avail. The only thing to do is to leave him absolutely alone in the room until he stops, or to try more heroic treatment and by an unexpected dash of cold water in the face substitute intense surprise with an element of fear for the intense and unreasoning anger. This is not a punishment, and in ordinary cases is less harmful than prolonged anger.

After one of these outbursts of anger the child should not be reproved or admonished until rested. Wait until some quiet happy hour to warn the child of his besetting sin and urge him to be on his guard against it.

Usually the child who cries and screams receives far more attention in the way of reproof and punishment than the quiet child whose faults lie deep and black at the bottom of the still-pond of his nature.

Sulkiness may result from two causes; a child may feel that he has been unjustly treated or he may

have an antagonistic attitude against the whole world. This latter may be the result of physical weakness or it may be inherited.

A careful examination should always be made to see that strict justice has been received; often the injustice is purely imaginary, but whichever is the case, the child should be immersed in an atmosphere of sunshine in which it is impossible for him to think of his wrongs. Rarely is it wise to express annoyance at his attitude, and he should be given constant and attractive occupation.

There are no children to whom the kindergarten is such a blessing as to those who are selfish and sulky. Here they work and play at occupations which they like, among their equals, and are usually too busy to brood or to think of themselves. We should remember that idle hands and sulkiness are first cousins and so also are peevishness and the I-won't-play spirit. The child who has found the joy of putting forth effort and of being a helper tends to become impatient to the encroachment of this evil spirit.

Records for Public Health Nursing

Part IV:—Making Use of Histories

By FRANCES KING

A report to another organization can be more easily drawn up if it is done twice. First, the use which will be made of the report must be considered and the probable point of view of the organization receiving it. The facts which they would wish to know should be listed in the order most convenient to them, under headings which will be clear to them. When that is done, not before, it should be compared with the nurses' record to see how much of this information can be secured directly from the history. After this has been ascertained, the information not contained on the nurses' record should be scrutinized, with the idea of eliminating all items that are not essential to the intelligent handling of the case. The headings then should be arranged as far as practicable to conform with the order in which the data appears on the nurses' record.

If the family history is sufficiently complete and up-to-date, the nurse will not have to make a special visit in response to routine inquiries. If the return report can be made by a clerk from the history, only needing to be read and signed by the nurse, it is evidence that the history is meeting routine needs. In this connection, we are speaking of reports frequently requested. No history every devised can meet all special requirements, but return reports to clinics, hospitals, quarantine officers, and the like, should be studied when the history is being drawn up. In other words, before designing a family record, the nurse must consider not only what use she herself is to make of it, but also what calls are to be made regularly upon her for information.

In writing reports to other persons or agencies, the nurse must keep in mind the use to be made of the report. Her report on a tuberculosis patient to a social agency, trying to decide about furnishing blankets, and her report to the clinic physician who is to examine the patient, may present the same essential facts, but be very different articles when finished.

Printed headings on the history forms fall into two classes, those which are permanent and those which provide for conditions likely to change. It is misleading to have entries for conditions of home and health found on the first visit, without having space after them for changes. Our work is to secure these changes, and our histories must make it evident when we have accomplished something.

Surname space should allow plenty of room for a lengthy name to be printed, but not enough for a change of name. That happens too seldom to waste space on. Plenty of space should be allowed for addresses, for if an address is not clear, it may mean a lost hour going to the wrong house.

Abbreviations should be freely used, but the same abbreviations should be in use throughout an organization, and their meaning should be unmistakable. Check marks, on the other hand, should be avoided. They are not easy to interpret at a glance, and may be taken to mean just the opposite of what was intended. A written word is clearer.

Brevity is an excellent habit to cultivate. Articles, adjectives, and verbs can often be omitted without endangering the clarity of a statement, so long as the nurse does not drift into inaccuracies.

"Mother mental" may indicate to the writer that the mother is subnormal mentally, but it is not a particularly correct way of wording it.

It takes practice and care to make notes on histories which are concise and to the point, but if the histories are to be of value, it must be done. Reading voluminous notes, no matter how entertaining, takes time which the nurse does not like to steal from her field work, and the history which cannot be consulted before making a visit, particularly if weeks have elapsed since the last visit, is of little practical use. Too often the picturesque phrase instead of revealing the state of the family, only reveals a witty nurse. It is found that records made of coloured paper are more readily selected from the folders, i.e.: buff for infant welfare forms, pale blue for tuberculosis, etc. Discharged individual slips may be kept in the folder, clipped together behind the active slips, or may be removed from the folders and kept in an alphabetical file at the back of the nurse's tray. If the latter arrangement is adopted, care must be taken to replace the inactive histories before the folder is transferred to another nurse, or discharged. One person, the supervisor or a clerk, should be responsible for the completeness of histories before removal or discharge, checking each folder to see that it contains all individual slips, active or inactive.

An aid in handling forms is the use of strips of gummed paper or gummed linen instead of paper clips. If there are several slips of paper pertaining to one individual, they can be fastened together by pieces of gummed tape over the left end; slips 1 and 2 fastened together with one piece; slips 2 and 3 with another piece; 3 and 4 with another, and so on. When this is done, the lot can be handled like a book.

If statistics are to be taken from the histories as a routine thing, the headings which provide them should be in a prominent place, so that time will not be wasted hunting through masses of material. Certain headings should be associated. For example, on the infant welfare slip shown in a previous article, the date of the first visit is placed near the date of birth, in order to make evident how soon after birth the first visit is made.

In the lower left-hand corner of the front page of the family folder is a chart designed for a monthly statement from the nurse to her supervisor. The first time a family is visited during the month a check is placed under that month in the line for the current year. No further entry on this chart is needed during the balance of the month.

At the end of each month, the nurse looks through her tray of histories and makes a list of all families not visited during the month. Opposite the name and history number, she writes briefly the reason for not visiting. At the bottom of the list, she adds the total number of family folders she has active. This list, in the hands of the supervisor, gives her a check on the work carried by the nurse. If there is a large percentage of unvisited families, it may signify that the nurse is carrying dead wood, or it may indicate that she has been given too heavy a district.

Periodically, say twice a year, but not oftener, a count may be taken of the number of histories of each class under supervision. This information, while interesting, is not valuable enough to justify the time that would be taken in keeping it up-to-date. The advantage in having a slip for each major problem encountered in the home lies in the assistance the separate form gives to the nurse, not in the statistics it might furnish. The family folder is so arranged that as an individual slip is taken on or discharged, it is indexed on the front. With this, it is easy to go through a nurse's tray and take off a count.

The daily work reports, tabulated monthly by a clerk, will give the number of visits by problem. The number of family visits for each nurse can be made from these reports, also a monthly statement which can be compared with the number of family folders visited.

The number of work slips used during the month, which do not carry history numbers, represent the number of families visited, whom the nurse has not taken under formal supervision.

Once a year, the discharged family folders for the year may be gone through, and a tabulation made of the reasons for discharge as noted on the front of the folder. This report may show such items as the following:

1. Condition remedied.
2. Moved out of jurisdiction.
3. Died.
4. Lost.
5. No co-operation.

The larger number discharged because of reason number one, the more gratifying the report. On the other hand, a large number discharged for reason number five calls for investigation. It may be that the wrong type of nurse is in that district, or possibly the service offered is not meeting the needs of the people. This tabulation should not be attempted on individual histories. Taken from the family folders, it gives enough information to indicate the extent of progress.

If information from the individual slips must be tabulated, either as a routine or for a special report, the easiest method is to go through the tray of family folders and remove all folders containing individuals of the class to be studied before beginning the tabulation. If, for example, the status of breast feeding among supervised babies is desired, all folders containing infant welfare history slips should be separated, by means of the index under "Problem" on the face of the family folder. After this has been done, the number of months breast fed can be tabulated from the first entry under the section "Feeding History." The total number of months breast fed added together, and divided by the number of babies considered, will give the average length of time the babies in that district are kept on the breast.

The nurse herself should not be required to tabulate any data that can possibly be handled by anyone else. Such statements as the record of unvisited families must be done by her, because only she herself knows the reason a family is not visited. For other tabulations, administrative or

clerical people should be used, to avoid taking the nurse from her daily routine. The simpler her clerical duties, the more time she has for her families and the more results there will be to record on her histories. She must, however, be held strictly responsible for the accuracy and completeness of the histories themselves, for there again only the nurse has the information to be entered. Tabulations can be made by persons who have never seen the families, but the nurse is responsible for the first record. This holds true whether she writes the history herself, dictates it, or makes rough notes from which a clerk enters the history. In the last two cases, no history should be filed until the nurse has initialed the clerk's entries, thus taking responsibility for their accuracy.

Records have to perform the almost impossible feat of transforming people into statistics in such a manner that the statistics in turn can be transmuted into service for the people. Sensibly arranged forms, accurate, well-chosen entries, and intelligent study of the results will do much toward accomplishing this ideal.

Notes from the Library Committee

Health Education—

Dramatizing Child Health—Grace T. Hallock, published by The American Child Health Association, 370 Seventh Ave., New York City.

Special Training for School-age Children in Need of Special Care, by S. B. Sinclair, Ph.D., published by Canadian Council of Child Welfare, 304 Plaza Building, Ottawa.

Health Songs in book form, issued by the Child Health Education Service of the National Tuberculosis Association, 370 Seventh Ave., New York City—10c.

"The Social Twins" and "Rosy-Face Twins," by C. S. June, published by A. Whitman Company, Chicago, Ill.—60c each. Booklets with unbreakable bindings for the wee boy or girl, composed of little health and etiquette stories.

Child Welfare—

Juvenile Courts at Work, Bureau Publication No. 141, U.S. Department of Labor, Children's Bureau, Washington.

County Organization for Child Care and Protection, Bureau publication No. 107, U.S. Government Printing Office, Washington—20c.

The fact that garden vegetables are of value so largely because of their vitamins, and that vitamin content is to some extent dependent upon freshness, makes it possible that something more than sentiment and gratification of the palate may be involved in our preference for vegetables from the garden.—H. C. Sherman.

It might be well to dispense with cooking at one meal in the day, not merely to ensure obtaining the vitamins, but to reduce domestic labour. Salad and fruit should play a considerable part in such a repast.

—Gateway to Health.

More of the green raw foods, of natural foods, are needed as a added part of our diets.—Percy Howe.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal.

With the Victorian Order of Nurses

By KATHARINE E. BEATTIE

Assuming that the home is the nursery of the citizen, it is apparent that no advancement could be more justifiable than that which tends to maintain and upbuild this unit, and, as a result, the community.

Herein is involved the initial aim of the Victorian Order of Nurses in Canada "to nurse the sick, prevent disease and promote health." What other factors could contribute so much to the future of our homes or could form a more firm basis for truly constructive service? The work of this great branch of Public Health has been one of continual advancement and possibly the most recent step is the offering of a course in visiting nursing to student nurses.

In presenting this line of work from the viewpoint of the student nurse, it is necessary to emphasize the fact that the London, Ontario, branch of the V.O.N. is the first in the Dominion to offer this opportunity to our Training School at the Victoria Hospital. The term of visiting nursing is arranged for senior nurses who have completed their work in obstetrical and operating room departments. The period of service is one month. The first week is spent particularly in observation, learning technique as it may be carried out in the average home, the keeping of records, and in a study of the history and present work being carried on by the Order.

The uniform must be plain and a bag is provided with equipment for surgical and obstetrical cases. This bag must be kept in order by the nurse to whom it is loaned. The keeping of records with daily re-

ports and bedside notes is an important item of the work, and one which tends to develop executive ability. Hours of duty are from 8 to 5, with one hour off for lunch. Sundays and holidays are spent in the hospital since the work on the district is so arranged that it may be done by a smaller staff.

The educational advantage of this line of work is invaluable to the student. In the hospital, where she has every modern appliance and where the supplies are abundant, the economic situation is of very slight interest, and the nurse has little scope for originality. In the home, conditions are different. Frequently, where there is practically nothing, she must of necessity improvise and economise. She must not sit down in despair if no glistening white basin is on hand when she wishes to give mother or babe a sponge, for there on the back of the stove is the dirty porridge dish left from breakfast! This may be scoured and utilized as a tub for baby, while that empty lard pail in a corner will serve nicely for the mother's bath. Yes, truly, going into the homes of destitute people and seeing and knowing them as they really are teaches resourcefulness and adaptability, and develops those humanitarian instincts which enable one to face exigencies and meet them properly.

In hospital the student is not left entirely to her own resources. There is someone in authority to whom she may appeal if necessity demands. In the home, she must be self-reliant and learn to work in a logical way.

(Concluded on page 539)



Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

With The Red Cross in Pictou County

By N.S. MARGUERITE O. GRAY, Reg.N.

The strike situation in Pictou County did not appear to be very serious previous to April 1st, 1925. Pictou County miners are a respectable people, given to minding their own business, living well when in funds, and very independent. They are mostly of Scotch descent, with a few English, French, Belgians, Germans and Russians.

When the Red Cross began its work of mercy, a survey was made of the families of the miners on strike. This took the workers into Thorburn, Foxbrook, Westville, New Glasgow, Trenton and Stellarton, and included about seven hundred families. It was explained to them that the Red Cross was ready to help in case of sickness, and would plan its work to prevent illness as much as possible. At first there was little demand for help; everywhere the workers were met with the perfectly frank statement that the Union was giving relief, and although the miners admitted that it was inadequate, they seemed to think they could manage, always believing, of course, that the strike would not be of long duration.

However, orders for milk and other necessities were placed wherever urgent need was found: among ailing mothers and children; expectant mothers; tuberculosis patients and contacts; and in cases of underweight. Requests for clothing were received, as some of the children were not able to attend school for want of shoes and clothing.

As time went on, with no immediate settlement of the strike in view, more and more requests for all kinds of relief were received, which had to be dealt with according to an organized plan. Committees were formed among the women of the different towns, with whom were discussed the most difficult problems. Among other things, it was arranged that layettes should be made from material supplied by the Red Cross.

Very little sickness was found during these weeks, but a great many undernourished children were discovered, as well as many ailing babies and women, about sixty expectant mothers, and some advanced cases of tuberculosis. Milk and eggs were given to all these cases, with regular visits for nursing care and instruction, and arrangements made for clinic attendance.

One very serious condition, and the last to receive attention among these people is decayed teeth. It is not uncommon to find children of pre-school age with their sixth year molars badly decayed, and older children with abscessed conditions. Only a few special cases, however, could be treated.

At first it was not the plan of the Red Cross to give general relief, but by the middle of May about five hundred families were being supplied with milk, as well as other relief. After six weeks, however, it was found necessary to return to the original plan of sick relief, which included

cases of tuberculosis, underweight, and any other sick. It was difficult to discriminate between the sick and the undernourished. Of the twelve hundred children on the list it was felt that very few could be cut off from their milk supply without disastrous results. But the funds had been seriously depleted and adherence to a definite plan was imperative.

The cheerfulness which appeared to prevail generally was very impressive. Everybody seemed bent on making the best of things. Many of the men, fearing that the stigma of "charity" might be attached to their families, and anxious to shoulder their own responsibilities, left for the local lumber camps to look for work, while others went to the States for the same purpose.

Never at any time was there any question of rioting in Pictou County. Naturally among so many there were bound to be a few agitators, but the

Red Cross workers talked to only two who were inclined to favour violence in obtaining the necessary wherewithal to live, and they were men with a reputation for thriftlessness and not wanting to work even when there was plenty to do.

Problems involving health conditions arising from the strike are by no means solved. The Red Cross has been the means of keeping well, and more or less fit, many people, children especially, and it is hoped that its teaching in hygiene and nutrition will have far-reaching effects, particularly in regard to the inclusion by parents of milk as the most important item in their family budgets.

(Note: Dr. S. L. Walker, Commissioner of the Nova Scotia Division of the Red Cross states: "That from the middle of April until the end of July, 1347 home visits were made and relief given to 3758 cases, at an outlay of over \$4,000.")

(N/S. Marguerite O. Gray, Public Health Nurse, Pictou County, N.S.)

Army Nursing Service, 1854-1902

By MAUDE E. WILKINSON, Reg.N.

It is most difficult to obtain any data regarding the inauguration of the Army Nursing Service, which occurred in the interval elapsing between the Crimean War and the Boer War in South Africa. A few references to K.R. & O., with dates attached, and a few short paragraphs regarding the number selected, suffice to mark the development of a nursing service which now holds one of the most distinguished places in the history of nursing. Nowhere have we been able to find any details which would help us to understand the difficulties that confronted those pioneers entering upon a new field of nursing. We only know that it was due to the service rendered by Florence Nightingale and her staff at the seat of war in the Crimea that public opinion was attracted to the valuable service to be given by trained women to the sick and wounded soldiers.

It was not long after the Crimean War that women were employed as

nurses at Chatham and Netley, but it was not until 1866 that provision was made in a Royal Warrant for the appointment of female nurses to any military general hospital. In 1881 an Army Nursing Service was inaugurated, the code of regulations being published some years later, but many changes occurred from time to time regarding the necessary requirements for entering military service, and the duties and status of the nursing staff. In 1883 it was decided that a staff of female nurses should be appointed in every military hospital of 100 beds or more in the British Isles, Malta and Gibraltar.

In 1902, as a result of Mr. St. John Brodrick's committee during the South African War, Queen Alexandra's Imperial Military Nursing Service was instituted, with a Matron-in-Chief at its head.

To Queen Alexandra the nursing profession owes much. Her interest in it has ever been of a practical char-

acter, and one of her first acts after the accession of King Edward was to place herself at the head of a small committee formed for the purpose of entirely reorganizing the military nursing system in the light of the experience gained in South Africa. To this committee Queen Alexandra appointed Countess Roberts, Viscountess Downe and Lord Knutsford. Queen Alexandra's Imperial Military Nursing Service, briefly termed the Q.A.I.M.N.S., was the name given to the reorganized service.

The South African War was, in fact, the passing of the old and the coming of the new into military nursing. The need for a larger and more efficient army service had become apparent in

view of the importance of the training of orderlies of the Army Medical Corps.

At the beginning of the Boer War the offer from the British Colonies to send nurses to assist in military service was accepted, and so trained women were received into the Q.A.I.M.N.S. from Canada, Australia and New Zealand.

* * *

In Miss Pope's article on her experiences in the Boer War, which will appear in next month's number, we shall follow with the deepest interest the doings of those first Canadian nurses who answered the call to serve their King and Country in foreign fields.

With the Victorian Order of Nurses

(Continued from page 536)

Only thus can she build up a practical working basis evolved from the varying needs of the people for whom the work is carried on.

In the home a nurse begins to think of the patient as an individual rather than as a case. When a patient is confined to her home, her progress very frequently depends on financial and social conditions in the family. By accepting this new attitude toward her patients the nurse begins to view them in a new light and on returning to hospital work will have deeper sympathy and a broader understanding for all with whom she comes in contact.

The work with the Victorian Order has also a stimulating effect on the mind of those engaged in it, as it is so very different from the routine work of the hospital. Since much of the time is spent out of doors, one is enabled to breathe the atmosphere, both figuratively and literally speaking, and while developing those important qualities of economy, ingenuity, adaptability, sympathy and resourcefulness, the mind and body are becoming better fitted to perform arduous duties.

Field work presents vastly different types of both acute and chronic conditions, all requiring aid. It is interesting as well as amusing to review some of the extreme cases which one meets in the work. In all these the aim must be to give friendly and tactful instruction and to impress the rudiments of ordinary cleanliness and their bearing on the health of the family and the community.

The work of the Victorian Order of Nurses involves a large element of sacrifice. The field for service is great and the demand for workers far in excess of the supply. Students interested in this particular branch of nursing or showing strong qualifications and special adaptability should receive every encouragement. The field is one which offers great opportunities and the work is very highly commendable. Surely, Longfellow must have envisioned the Victorian Order nurse of today when he wrote—

"A noble type of good
Heroic womanhood."

(Katharine E. Beattie, Training School for Nurses, Victoria Hospital, London, Ont.)

News Notes

ALBERTA CALGARY

The following officers were elected at the September meeting of the Graduate Nurses' Association:—

Honorary president, Mrs. Stuart Brown; president, Miss Nan Hendrie; first vice-president, Miss McKay; second vice-president, Miss M. P. Hendrie; treasurer, Miss Harriet Ashe; corresponding secretary, Mrs. De Satge; recording secretary, Miss Marion Lavelle; convener of private duty section, Mrs. Fulcher; convener of entertainment, Miss Peat; convener of finance, Miss Agnes Kelly, and registrar, Miss Cooper.

Plans were also made at this meeting for a dance, which will be held in October.

A very pleasant evening was spent recently at the Nurses' Home, Holy Cross Hospital, when the nurses-in-training gave a farewell reception for Sister Superior and Mrs. De Satge who left for Montreal. The reception room was artistically decorated with the school colours, and a profusion of cut flowers. A delightfully arranged programme was given, the principal item being a short sketch, entitled "Morning Callers." Later during the entertainment a presentation was made to the guests of honour. Following this a dainty supper was served. The remainder of the evening was spent in dancing.

BRITISH COLUMBIA

Miss E. I. Johns was the guest of honour at a number of entertainments prior to her departure for the east to assume the duties of her appointment with the Rockefeller Foundation.

On July 21st, Mrs. M. E. Johnson, President of the British Columbia Graduate Nurses' Association, entertained at tea at her home in the Stadacona Apartments. The table was very prettily decorated. Miss K. Ellis poured tea and Miss Scott, of New Westminster, cut the ices. Assisting Mrs. Johnson were Mrs. Witcher and Miss Archibald. About thirty-five nurses were present. Before the gathering dispersed Mrs. Johnson, on behalf of the graduates, presented Miss Johns with a beautifully embossed combination purse and writing case and in a few words expressed the regret that all felt at her departure, their appreciation of her work since coming to British Columbia, and their pleasure at the recognition of her ability as shown by her recent appointment.

The members of the Undergraduates Society of the Combined Course, University of British Columbia, met on July 20th, to bid farewell to Miss Johns. Miss Leila Carson, the president, was in the chair and about twenty members were present. After a short business meeting Miss Johns was presented with a handsome grey leather writing case from the group. Refreshments were served and the social hour which followed will long be remembered by all present.

Another milestone in the progress of public health nursing was reached this summer when the department of education included a course in "Hygiene and the Child Health Programme" in the summer school curriculum, Miss E. Breeze, chief school nurse, Vancouver City, giving the lectures on the Child Health Programme. The course proved very popular and the class was filled to capacity.

Miss Meta Hodge has been appointed organizer for the Junior Red Cross in British Columbia. Miss Hodge is a graduate of the Winnipeg General Hospital and of Teachers' College, Columbia University.

Among those attending the refresher course in public health nursing, University of Washington, were Misses Cameron, Jakes, and McLellan.

Miss Mabel F. Gray has been appointed to fill the position made vacant by Miss Johns' resignation and arrives in Vancouver early in September. Members of the profession in this province extend a hearty welcome to Miss Gray, who is too well known to need an introduction to the readers of The Canadian Nurse.

The regular monthly meeting of the V.G.N.A. was held at the Nurses' Home, General Hospital, on September 2nd, the Vice-President, Miss McLellan, in the chair. The principal item of business was the revision of by-laws. The evening's entertainment was provided by the private duty members of the association and consisted of a number of tableaux, the subjects of which were to be guessed by the audience. A great deal of credit is due to Miss Merfield, who arranged the programme, and to all who took part.

Miss Kathleen Ellis, Lady Superintendent, Vancouver General Hospital, has been seriously ill for some weeks, but is reported to be improving. Miss Ellis is very much missed by her many friends in the nursing profession in the city, who trust she may soon be restored to health.

Miss G. M. Kitteringham, R.N., has recently completed a nine months' course in public health nursing at the University

of Washington, Seattle. She is now on duty with the Victorian Order of Nurses in Edmonton, Alberta, where she has charge of that Branch of the Order.

Miss Hazel Bruncker, R.N., who finished the course in public health nursing at the University of British Columbia, is now on duty with the Greater Vancouver Branch of the Victorian Order of Nurses.

Miss Mary Miller, R.N., has been granted three months' leave of absence from the Greater Vancouver Branch of the V.O.N. This leave of absence is being spent in England.

Miss Mildred Card, R.N., of the Greater Vancouver Branch of the V.O.N., sailed from New York in June for an extended holiday in England and on the Continent.

Miss Constance Nettleton, R.N., recently reported for duty with the Greater Vancouver Branch of the V.O.N., following a four months' leave of absence spent in California.

Vancouver General Hospital

Mrs. Leonard (Rhoda Stempleford, 1915), of Rossford, Ill., was a guest in Vancouver during the summer.

Miss Grace McCullough, 1915, has been appointed to the Shaughnessy Military Hospital staff.

Miss May MacArthur and Miss E. McCaull, graduates of the Vancouver General Hospital, are on the staff of St. Mark's Hospital, New York.

Mrs. Hyde (Cassie Hunter) has been appointed to the Point Grey School staff.

Miss F. Evans, 1920, has accepted a position in the Vernon Jubilee Hospital, Vernon, B.C.

Miss Marjorie McCall, who is in charge of the Maternity Department, St. Luke's Hospital, Spokane, Wash., is at present the guest of her parents in Vancouver.

Mrs. (Rev.) A. E. Cook (Gwen. York), of Caspar, Wyoming, spent the summer months in Vancouver.

Mrs. W. Clayton (Winnie Manson, 1920) of San Francisco, and small son are the guests of Miss Edith Hanbury, Vancouver.

NOVA SCOTIA

N/S Edna Duthie is spending a two-months' vacation with her mother in New Glasgow, N.S.

N/S Christina Mackenzie is visiting her sister, Mrs. Archie McAllum, in Toronto.

N/S M. M. McDonald spent the past year with her mother in Hopewell, N.S.

N/S Ethel Bradley, who has been travelling from Montreal to Hawaii, and from Florida to Demerara, spent the last year in Paris and other points in Europe.

N/S Ethel Etherington was married on July 13th, 1925, to Mr. Harold T. Draper, of Halifax. N/S Etherington went overseas with the first Harvard Surgical Unit and later transferred to the C.A.M.C.

Miss Pansy Burns, graduate of Victoria Hospital, North Bay, Ont., and formerly of the staff of the Victorian Order of Nurses, Halifax, has been transferred to Stratford, Ont.

Miss Lillian Shawn, Public Health Course for Nurses, University of Toronto, 1922, has joined the staff of the Victorian Order of Nurses, Halifax.

The Massachusetts-Halifax Health Centre, No. 1, Gottingen St., Halifax, closed in August, 1925, and the nurses were transferred to the Dalhousie Public Health Clinic.

ONTARIO HAMILTON

Hamilton General Hospital

Mrs. Ada Walker Anderson and Miss K. Merrett have been appointed to the Public Health Staff.

Miss Grace Lowe has accepted a position in the O.D.D. of the General Hospital.

Miss Catherine Flock has resigned from the V.D. clinic and is doing relief work with the Babies' Dispensary Guild.

Miss Iva Murphy is in charge of the welfare work at the Canada Steel plant.

Miss Maud Roadhouse has returned to Ontario after two years spent in Los Angeles, Calif.

Miss Anna Raybould, who spent last winter in Florida, has returned to live there.

Miss Nellie Wright has obtained a position with the School Nursing staff.

Miss Hilda Merrett is night supervisor in the Lady Minto Hospital, New Liskeard.

KITCHENER AND WATERLOO

The Kitchener and Waterloo Graduate Nurses' Association held its annual picnic at Victoria Park recently. It was a general reunion for all the nurses and was a splendid success. Immediately after the luncheon the nurses stood in silent, loving memory of Miss Idessa Huber, a graduate of St. Catharines General Hospital, 1909, who died on June 6th, 1925. The nurses were addressed by Miss McNair, of the Victorian Order of Nurses, on the life of Florence Nightingale. Mrs. Norman Heller, of Waterloo, followed with a talk on the great international services of Clara Barton. Mrs. Irvine Duggan, of Waterloo, very beautifully recounted the wonderful life and martyrdom of Edith Cavell. Mrs. J. E. Bilger, a graduate of Toronto General Hospital, under the regime of Miss Snively, emphasized, in a very pithy address, the great indebtedness of the nursing profession to Miss Snively, who has been the pioneer in trained nursing in Canada. A poem entitled "Night Duty," by Mabel Bailey Heller (Kitchener and Waterloo Hospital, 1916), was read, making a fitting closing to the reunion.

Miss Ethel Livingston, R.N., 1922, has accepted the position of school nurse in Waterloo, Ont., after completing the summer course in School Nursing at the University of Toronto.

Misses Edith Snyder, 1922, and Pearl Wing, 1922, of Kitchener, have returned from the Howard E. Kelly Sanitorium, Baltimore, after taking post-graduate work, and have resumed private nursing.

ST. CATHARINES

St. Catharines Hospital

The annual meeting of the Mack Training School for Nurses, St. Catharines, was held on September 3rd in the new Leonard Nurses' Home, with a large number of nurses present. The nurses were afforded a great pleasure in having one of the first graduates present at the meeting, Miss MacIntosh, who in a most interesting talk compared the new home for nurses with the old home. The new nurses' home was the gift of Col. and Mrs. Leonard and the kind co-operation of the general public made possible the furnishing of the same. The election of officers then took place. Mrs. W. Durham, who had so faithfully served as president, was unanimously re-elected. The following officers were elected:—Honorary President, Miss Meiklejohn, Superintendent of Nurses; President, Mrs. W. Durham, R.R. No. 4; 1st Vice-President, Mrs. Neil Buchanan, 26 Wolseley Ave.; 2nd Vice-President, Miss Mazie Merriott, 16 Richmond Ave.; Treasurer and Secretary, Miss Norma Grenville, Box 60, Thorold, Ont.; Assistant Secretary, Mrs. Combs, 24 Lowell Ave.; Canadian Nurse Representative, Miss Mary F. Stevens, 17 Academy St.; Social and Programme Committee—Mrs. Jacques (convener), 150 Russell Ave., Miss Tuck, Miss Gladys Miller and Miss Mary Phipps; Auditors, Mrs. James Parnell and Mrs. Leo Bradt.

The President, Mrs. Durham, was presented with a bouquet and responded with a speech thanking the nurses for their splendid co-operation.

At the close of the meeting the superintendent, Miss Meiklejohn, was hostess at a delightfully appointed tea. A very delicious menu was served. The members of the Alumnae Association, wishing to show their appreciation of Miss Meiklejohn's kind hospitality, presented her with a beautiful bouquet of roses, which was accepted with a short address of thanks.

The next annual meeting will take place in September, 1926.

TORONTO

Grace Hospital

Miss Mary P. Teasdale, 1923, has been appointed night supervisor at the General and Marine Hospital, St. Catharines, Ont.

Miss Belle Taylor, 1922, has been appointed night supervisor at the Women's Hospital, Bloor St. East, Toronto.

Miss Olga Todd, 1921, and Miss Hilda Vohmann, 1924, are taking the Public Health Course at the University of Toronto.

Miss Alberta Bell, 1921, is enrolled for the course for Administration in Schools of Nursing, School for Graduate Nurses, McGill University, Montreal.

Miss M. Blanche Anderson (Royal Victoria Hospital, Montreal, 1915), has been appointed assistant superintendent of nurses, Grace Hospital, Toronto.

Mrs. Radmore and Miss Sherman have received appointments on the staff of the Department of Public Health, Toronto.

Miss Cora Gilkinson, 1925, has been appointed to the staff of Herman Kiefer Hospital, Detroit, Mich.

Toronto General Hospital

We are glad to be able to report that Miss M. Snively, former superintendent of nurses, who has been a patient in the Pavilion for the past three weeks, is better and has returned home.

Miss Jean Browne and Miss Kathleen Russell have returned from their tour of the Continent, and the Congress at Finland.

We are delighted to welcome Miss Jean I. Gunn home again. Miss Gunn has been in Europe and the British Isles since the middle of April and we feel honoured that at the Congress held in Finland in July, Miss Gunn was elected Second Vice-President of the International Council of Nurses.

Miss Frances Charlton, who has been assistant head nurse on the fifth floor of the Private Pavilion, has been appointed head nurse on ward "E".

Miss Dorothy Percy, 1924, who has been relieving with the Child Welfare Association of Montreal during the summer, has been appointed to the staff of the Anti-Tuberculosis League of Montreal.

Miss Eileen White, 1925, has returned from Bigwin Inn, Muskoka, where she spent a most enjoyable summer as Resident Nurse.

Miss Cora Kilhorn, 1923, has resigned her position with the Child Welfare Association of Montreal and has returned to Toronto.

Miss Ethel Fenwick, 1918, has resigned her position as head nurse on ward "E" and is preparing to take the course in administration at the School for Graduate Nurses, McGill University, Montreal.

Miss Margaret Wright, 1923, has resigned her position as head nurse in "B" Operating Room and is leaving early in October for Collingwood, to assume duties

as superintendent of the General and Marine Hospital.

Miss Frances Webster, 1925, has been appointed head nurse of "B" Operating Room.

Miss Ruth Young, 1924, has accepted the position of head nurse in the Surgical Supply Room.

Miss Ella Addison, 1924, has been appointed night supervisor of the Emergency Department.

Miss Clara Vale, 1923, who has been in the Children's Memorial Hospital, Montreal, as instructor, has returned to Toronto to take the course in Public Health Nursing at Toronto University.

Miss Barbara Kennedy, 1924, has been appointed to the staff of the Saratoga Hospital, Saratoga Springs, N.Y.

Miss Rosabel Coutts, 1918, has resigned her position on the staff of the Toronto General Hospital and is leaving for Paris early in December, where she expects to continue her nursing work.

The resignation of Miss Marion Stillwell, who has been assistant instructor and supervisor for the past year, is universally regretted. Miss Stillwell leaves behind her many friends who wish her much happiness.

QUEBEC MONTREAL

Montreal General Hospital

Miss Maude Alshorne, 1925, is in charge of one of the wards, Shriners' Hospital, Montreal.

Miss Emily Dwane, 1923, is engaged in Child Welfare work for T. Eaton Co., Ltd., Montreal.

Miss M. E. Dobbie, 1925, is in charge of S.O.R. at Sweetsburg Hospital, Sweetsburg, Pa.

Miss Gladys Smith, 1925, has taken charge of Dr. Little's office, Montreal.

Miss Martha Batson, 1921, has been taken on the staff of instructors at the Montreal General Hospital.

Miss Julina Stewart, 1924, has been appointed a staff nurse at the Charlotte Hungerford Hospital, Torrington, Conn.

Miss Mabel Holt, 1913, resigned her position as instructor at the M.G.H. to accept the position of assistant superintendent of Hamilton General Hospital.

Miss Abbie Yould, 1924, who has been engaged in private duty nursing in New York City, has returned to Montreal.

Miss Hannah Stock, 1919, who has been seriously ill in the Montreal General Hospital, is now making a good recovery.

Misses Laura Giroux and Mabel Leman, both of 1925, have accepted positions at the Lockport City Hospital, Lockport, N.Y.

Miss Marion Boa, 1919, who recently resigned as charge nurse of "J" semi-private ward at the M.G.H., has been succeeded by Miss Edythe Ward, 1923.

Miss Lucy White, Registrar at Montreal Graduate Nurses' Club for the Montreal Graduate Nurses' Association, is spending her vacation in Atlantic City.

At the M.G.H.A.A. monthly meeting on September 11th, in the Nurses' Residence, Miss S. E. Young gave a much-appreciated talk on her recent trip to Finland.

Miss Alice LeGallais, 1924, has succeeded Miss Estelle Smellie, 1923, on the night staff of the M.G.H., and the latter is now floor supervisor of wards "E" and "F."

Miss Agnes Sargeant, 1915, who is the V.O.N. nurse at Cornwall, Ont., was among seven Montreal General Hospital nurses who attended the I.C.N. Congress in Finland, all of whom have returned home except Miss Dorothy Hadrill, who is remaining in Europe indefinitely.

Miss Frances Upton has recently accepted the position of superintendent at St. Agathe Sanatorium. At present Misses Audrey Sampson and Mildred Buchanan are on the staff, and Misses Margaret Morrison, Winnifred Shaver, and Alice MacQuisten will join them in the near future.

Miss Violet Sampson, who has been engaged in ward supervising at the M.G.H., has become second assistant superintendent of nurses, St. Agathe Sanatorium.

The first Year Book of the Montreal General Hospital has just been published and is now on sale. Copies may be obtained by mailing \$2.00, and ten cents postage, to Miss Reed, President, Alumnae Association, Montreal General Hospital, Montreal, Que.

Royal Victoria Hospital

Miss Florence Boa, 1920, is superintendent of Pictou Memorial Hospital, Pictou, N.S.

Miss Margaret Pringle, 1921, has been appointed superintendent of Fredericton Hospital, Fredericton, N.B.

Miss Helen Buck, 1915, has recently taken charge of the Sherbrooke Hospital, Sherbrooke, Que., and has for her assistant Miss Grace Moffat, 1921.

Miss Jenkins, 1924, is supervisor of the operating room.

Miss Olive FitzGibbon, 1913, is in charge of St. Mary's Hospital, Montreal, her assistant being Miss Eleanor O'Neill, 1919.

Miss Beatrice Hewitt, 1919, is supervisor of the operating room.

Mrs. Maud Austin, who has been nursing in Cuba and the Southern States, is relieving for a month at Greenpoint Hospital, Brooklyn, N.Y., and afterwards will spend a brief holiday in Canada.

Miss Grace Kuhring, 1923, who has spent the summer at Camp Bernard, is now with friends in St. John, N.B.

BIRTHS

- BEVIS—On July 1st, 1925, at 300 Salem Ave., Toronto, to Mr. and Mrs. Edgar F. Bevis (Amy Oliven Mason, Grace Hospital, 1921), a son.
- BONSALL—On Saturday, August 29th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Bonsall (Mary Herron, Toronto General Hospital, 1919), a daughter.
- CAMERON—On August 14th, 1925, at 191 Robie St., Halifax, to Mr. and Mrs. James Cameron (Pearl Shute, Morse Memorial Hospital, and Dalhousie University P.H., 1923), a daughter (7 $\frac{3}{4}$ lbs.). Before her marriage Mrs. Cameron was a member of the staff of the Massachusetts-Halifax Health Commission.
- CLARK—On August 29th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Clark (Jessie V. Paxton, Toronto General Hospital, 1916), a daughter.
- COO—On Sunday, August 30th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Cecil Coo (Madeline Dudley, Toronto General Hospital, 1923), of Cooper Cliff, a son.
- HUBLEY—On June 23rd, 1925, at Grace Hospital, Toronto, to Mr. and Mrs. Kenneth Hubley (Carrie E. Heney, Grace Hospital, 1922), a son (Kenneth Erskine.)
- LOGAN—In August, 1925, at 314 Creighton St. Ext., to Mr. and Mrs. George H. Logan (Marguerite S. E. Lee, General Public Hospital, Halifax, 1914, Dalhousie University P.H., 1920), a son (stillborn.)
- MCCLELLAND—On September 9th, 1925, at the Private Patients' Pavilion, to Dr. and Mrs. McClelland (Alva Lewis, Toronto General Hospital, 1919), a daughter.
- MAGUIRE—On July 28th, 1925, at Peterboro, Ont., to Mr. and Mrs. L. L. Maguire (Dorothy Merlin, Roosevelt Hospital, and Dalhousie University P.H., 1920), a daughter. Previous to her marriage Mrs. Maguire was a member of the nursing staff of the Massachusetts-Halifax Health Commission.
- PAISLEY—On August 23rd, 1925, at Grace Hospital, Toronto, to Mr. and Mrs. W. E. Paisley (Mary Stoddart, Grace Hospital, Toronto, 1922), a son (Ronald Stoddart.)
- RICHMOND—On March 6th, 1925, at Grace Hospital, Toronto, to Mr. and Mrs. Grant Richmond (Ruth Clark, Grace Hospital, 1921), a daughter (Audrey Jane.)
- SARJEANT—On September 5th, 1925, at Burford, Ont., to Dr. and Mrs. P. A. Sarjeant (Elsie Reid, Grace Hospital, Toronto, 1918), a son.
- SILVERTHORNE—On August 27th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Silverthorne (Nell Smith, Toronto General Hospital, 1921), a daughter.
- STAPLES—On August 20th, 1925, at Grace Hospital, Toronto, to Mr. and Mrs. R. J. F. Staples (E. M. Spargo, Grace Hospital, Toronto, 1920), a daughter (Elizabeth Susanne.)
- STEWART—On July 5th, 1925, at the Medical Arts Hospital, Montreal, to Dr. and Mrs. C. C. Stewart (Lillian Adair, Montreal General Hospital, 1919), twins, son and daughter.
- WALTERS—On August 23rd, 1925, at Gagetown, N.B., to Dr. and Mrs. Walters (Pearl Babbit, Montreal General Hospital, 1913), a son.
- WHITE—On July 5th, 1925, at the Medical Arts Hospital, Montreal, to Mr. and Mrs. Donald White (Adeline McTier, Montreal General Hospital, 1923), a daughter.

MARRIAGES

- ADAMS—PALMER—On July 28th, 1925, at Glenhurst, Eleanor Palmer (Toronto General Hospital, 1920), to Dr. Allan Adams.
- BATES—STILLWELL—On Tuesday, September 8th, 1925, at Castle Memorial Hall, McMaster University, Toronto, E. Marion Stillwell (Toronto General Hospital, 1923), to Dr. J. Edgar Bates, of Toronto.
- CALDWELL—BINNING—On August 12th, 1925, at Montreal, Henrietta Elspeth Binning (Royal Victoria Hospital, 1921), to Dr. David Manchester Caldwell.
- CONNOR—WATT—On September 2nd, 1925, at her home at 86 Pinecrest Road, Eunice Watt (Toronto General Hospital, 1923), to W. B. Connor. Mr. and Mrs. Connor, will reside in Toronto.
- DEVINNEY—STEEVES—On August 29th, 1925, at Hillsborough, N.B., Emma Clarkson Steeves (Royal Victoria Hospital, 1921), to Frederick Adam Have-lock Devinney.
- DOLL—TURNER—On Tuesday, September 8th, 1925, at St. Luke's Anglican Church, Peterboro, Margaret Turner (Toronto General Hospital, 1924), to Kendall Doll, of Toronto.
- FLINTOFF—GREGORY—On Wednesday, August 4th, at Oshawa, Muriel Fern Gregory (Hamilton General Hospital, 1925), to Stephen Flintoff, of Oshawa, Ont.
- GARVIE—REID—On Tuesday, September 8th, 1925, at Timothy Eaton Memorial Church, Toronto, Irene Reid (Toronto General Hospital, 1917), to Frank Livingston Garvie. Mr. and Mrs. Garvie will reside in Toronto.

GILLESPIE—CORY—On September 10th, 1925, at Trenton, Ethel Cory (Toronto General Hospital, 1925), to Dr. William Gillespie. Dr. and Mrs. Gillespie will make their future home in Edmonton.

GRAHAM—NICHOLSON—On August 26th, 1925, at St. Stephen, N.B., Reta Gertrude Nicholson (Royal Victoria Hospital, 1924), to Ernest Stanton Graham.

GREENWOOD—JEPHSON—On September 9th, 1925, in Home St. Presbyterian Church, Winnipeg, Myrtle Irene Jephson (St. Boniface Hospital, 1916), to Charles Frederick Greenwood, of Alberta.

HOLMES—MacMILLAN—On September 10th, 1925, at Halifax, N.S., Florence Velma Macmillan (Royal Victoria Hospital, 1917), to Willard Stanley Holmes.

HUGHES—MARTIN—On August 13th, 1925, at her home, 36 Summerhill Ave., Toronto, Muriel Martin (Toronto General Hospital, 1920), to Theodore Hughes. Mr. and Mrs. Hughes will reside in Montreal.

HUTCHISON—FANNING—On June 24th, 1925, at Peterborough, Ont., Marguerite Mary Fanning (Grace Hospital, Toronto, 1925), to Leonard Brown Hutchison. Mr. and Mrs. Hutchison will reside at 280 Heath St. East, Toronto.

LUSK—HUNT—On July 15th, 1925, at Bury, Que., Fern Hunt (Montreal General Hospital, 1921), to Victor Lusk, Cookshire, Que.

MACLURE—ANDERSON—On August 15th, 1925, at Vancouver, B.C., Constance Anderson (Royal Victoria Hospital, 1917), to Gordon Frank MacLure.

MacKAY—CLARKE—On June 29th, 1925, at Montreal, Frances May Clarke (Royal Victoria Hospital, 1924), to Rokley MacKay.

McKAY—HANNA—On September 2nd, 1925, St. Stephen's Church, Toronto, Agnes Hanna (Toronto General Hospital, 1916), to Dr. Angus McKay.

McKENTY—BEAMISH—On August 27th, 1925, at Montreal, Margaret Beamish

(Royal Victoria Hospital, 1918), to Dr. Frank McKenty.

MITCHELL—MADER—On April 7th, at Breslau, Ont., Daisy Mader, R.N. (Kitchener and Waterloo Hospital, 1921), to Fred. Mitchell, of Stratford, Ont.

SHINER—OWEN—Recently, in Detroit, Mich., Doris Owen (Mack Training School, 1922), to Arnold Shiner, of Detroit. Mr. and Mrs. Shiner will make their future home in Detroit.

SONNE—WHELPLY—In August, at Central Greenwich, N.B., the home of the bride's mother, Marjorie, daughter of Mrs. E. D. Whelpley, to George H. Sonne, son of Mr. and Mrs. Christopher Sonne, Outremont, Que. Mrs. Sonne is a graduate of Montreal General Hospital (1923.)

STAGG—MANHARD—On September 2nd, at Brockville, Ont., Mildred Dewey Manhard (Grace Hospital, Toronto, 1913), to Francis Ernest Stagg. Mr. and Mrs. Stagg will reside at 357 King St. West, Brockville, Ont.

WESTWELL—WOLFE—On June 25th, 1925, at Galt, Ont., Florence Wolfe, R.N. (Kitchener and Waterloo Hospital, 1920), to James Westwell, of Kitchener.

WITHE—HOSKING—On Saturday, September 5th, Kathleen May Hosking (Hamilton General Hospital) to Dr. P. T. H. Withe, of Hamilton.

WRIGHT—GALILEE—On Monday, September 7th, 1925, at St. Mark's, Wolverhampton, England, Dorothy Lillian Galilee (Toronto General Hospital, 1921), to Roland Lewis Wright, of Wolverhampton.

YOUNG—MACFARLANE—In June, 1925, at London, England, Norma Macfarlane (Royal Victoria Hospital, 1921), to Dr. Arthur Young.

DEATHS

HUBER—On June 6th, 1925, at the Kitchener and Waterloo General Hospital, Idessa Huber, R.N. (St. Catharines General and Marine Hospital, 1909.)

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A correction: The title of the article commencing on page 464 of the September number of "The Canadian Nurse" should have read: "THE PREVENTION OF ENDEMIC GOITRE IN NEW ZEALAND AS OBSERVED BY A PUBLIC HEALTH NURSE."

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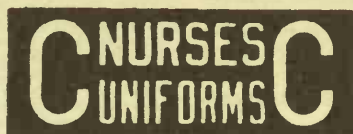
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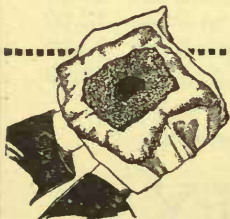
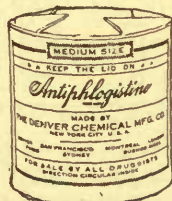
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Reminiscences of Service in South Africa during the Boer War

By GEORGINA FANE POPE, R.R.C.

I have been asked to write on some of my experiences in nursing in South Africa during the Boer War and for data regarding the origin of the Canadian Army Nursing Service. I shall do the best I can from memory as my copies of Orders, Official Correspondence, Journals, etc., are put away so safely I cannot find them, and fear they are stored in Halifax with things that have been collecting the dust of the years since I went overseas to the Great War.—G.F.P.

When war was declared in the autumn of 1899, and Mr. Joseph Chamberlain, Secretary of State for the Colonies, had accepted the offer of a contingent from Canada, he included a staff of three, and later four Nursing Sisters. I was asked by Colonel J. L. N. Neilson, G.G.H.S., then Director-General Medical Services at Ottawa, if I would go as Superintending Sister (as Army Matrons were then called). I accepted gladly, and Nursing Sister Sarah Forbes, Nursing Sister Elizabeth Russell, and Nursing Sister Affleck made up the staff. Col. Neilson and I considered as to what kind of uniform should be worn and decided on khaki, with which our troops were being fitted out for the first time in Canada. The design he left to me and approved the choice of a short bicycle skirt, a Russian blouse with shoulder straps and Service buttons, brown leather belt and boots, a khaki sailor hat with little red brush, white collar and cuffs, and apron with bib. We had no uniform cap, thinking we would be under canvas and wear hats. After reaching South Africa I obtained permission from the War Office, through our Supt. Sister, Miss Sidney Browne, R.R.C., to include the English Army

Nursing Service cap or veil in our uniform, which permission we considered an honour and a privilege.

We sailed from Quebec on the 29th October, 1899. As I look back a quarter of a century, in memory, to that eventful occasion, once again the scene rises vividly before me: the crowded troop ship, the officials and friends on the pier, the music of the bands, the cheers of the crowds, the blowing of whistles, etc., as slowly we moved down the lovely harbour. The autumn sun was setting, its crimson rays forming a wonderful back-ground to the "Old Fortress Cliff that keeps of Canada the Key" as for the first time she sent forth her sons across the seas to fight the Empire's cause. Long after daylight had waned we still could hear the cheers of the people who lined the river front and the sweet, rather heart-breaking strains of "Auld Lang Syne" and "Home Sweet Home."

We arrived at Cape Town on the 30th of November, very much afraid that we should find the war all over! After a month on a crowded troop ship, the heat of the tropics, and the stuffiness of a small state-room between four of us, it was a joy to find

ourselves at anchor in beautiful Table Bay, with its grand old mountain looking down on us, the sun shining, the blue waters sparkling, and boatmen with flowers and fresh strawberries enticing us!

We Nursing Sisters were specially welcomed by a committee of the Red Cross and the Surgeon-in-chief of the New Somerset Hospital of Cape Town. The latter brought us an invitation from the Matron, Sister Agatha, to go there as her guests pending orders for duty from the P.M.O.

This, with the permission of the Officer Commanding, we gladly accepted, as the hotels were all overcrowded.

We also received a letter of congratulation upon what he was pleased to call "our splendid patriotism," from Mr. (later Sir) Frederick Treves, consulting surgeon to the troops, who with his two private nurses had just arrived by the "Dunvegan Castle" and was about to proceed to Natal via Durban.

We disembarked on the 1st of December, and upon finding that our troops had orders to proceed up country immediately, made every effort to be allowed to accompany them to the front. This we were told was impossible as no nursing sisters could be accommodated in the field hospitals. So with very sad feelings we saw our countrymen entrain without us on December 3rd, and realized at that early date what served us in good stead later: that we too were soldiers, to do as we were told, and go where we were sent.

Later in the same day we received orders to proceed to Wynberg for duty in the large base hospital there, called No. 1 General, where we found our services were greatly needed. The wounded from Graspan and Belmont had been brought down re-

cently and the number of Sisters was very small. I might here add that the total number of Sisters sent from home at this early date was 40, while a year later, including ourselves and other Colonials, we numbered 1,000.

At No. 1 General we nursed in huts and found the work at times very heavy, oftentimes having our dinner between 9 and 10 p.m. We received our first convoy of wounded a few days after the battles of Magersfontein and Modder River, when the beds were filled with the men of the Highland Brigade, who suffered so severely at the former place. We remained at Wynberg for nearly a month when No. 3 General Hospital of 600 beds was pitched under canvas at Rondebosch, a few miles away, under charge of Lt.-Col. Wood, R.A.M.C., and we, with Miss Sidney Browne, R.R.C., as Supt. Sister, and two English Nursing Sisters, formed the nursing staff. Here we arrived on Christmas day and remained almost six months, having at times very active service; sometimes covered with sand during a "Cape South Easter," at others deluged with a forerunner of the coming rainy season, and at all times in terror of scorpions and snakes as bed fellows.

In February some of our men began to come down and as each new convoy arrived we eagerly searched for wearers of the Maple Leaf Badge, and deemed it a great privilege to find them our own special patients. Many of the men came, but the officers were taken to No. 1 Wynberg as we had no officers' hospital, though when our duties allowed we made several visits to see any of our countrymen in hospital there.

In May, orders came for half our hospital equipment and nursing staff to proceed to Springfontein, O.R.C., to go under canvas there, with Lt.-Col. Keogh, our second in command

(later Sir Alfred Keogh, D.G.M.S.), as P.M.O. Miss Browne, with half our staff (which had of late greatly increased in numbers), including Nursing Sisters Russell and Affleck went with Col. Keogh. Miss Sidney Browne preferred that Sister Forbes and myself should remain behind, as we were nursing in the enteric tents, which were isolated from the main camp and had been under my charge since February.

A fortnight later our half of the hospital suddenly received orders to go to Kroonstadt, O.R.C., the Sisters to "proceed without delay." Four hours later Sister Forbes, eight English Reserve Sisters and myself, carrying the orders as Acting Superintendent, left for Kroonstadt. After two days' journey we reached Springfontein where we spent an hour with our Sisters there who were cheerfully bearing great hardships. Sister Affleck, who was doing night duty, told me that the cold at night was so intense that the medicines froze in the glasses as she carried them to the different patients.

At Bloomfontein we were delayed two days. Traffic was so great and accommodation for passengers so limited that we were billeted at "Dames Institute" and "Grey College," two buildings used as hospitals by No. 10 General, where two of our Sisters of the 2nd Contingent were nursing, and the other two lying very seriously ill at the time.

The 2nd Contingent with a staff of four: Nursing Sister D. Hurcombe (in charge), Nursing Sister Margaret C. Maedonald (later Matron-in-chief, C.A.M.C.), Nursing Sister P. Richardson and Nursing Sister Horne, had arrived in February. The Sisters were billeted with us at Rondebosch for a few days, then proceeded to Kimberly, and later to Bloomfontein, where we saw them in May, when Nursing Sister Richardson and Nursing Sister Horne were very ill with enteric fever.

After a week of most uncomfortable travelling we arrived at Kroonstadt early in the morning of the Queen's Birthday. At Bloomfontein we had been further reinforced by five New South Wales Sisters. This addition was most opportune, as there was great need for us all. Lord Roberts' and Lord Methuen's forces had recently passed through, leaving sick and wounded in large numbers, and hotels, the Dutch Church, Staat Huis, etc., were quickly converted into hospitals. We divided ourselves among these places and made our patients as comfortable as we could with the small equipment at our disposal.

The nursing of the Kroonstadt Hotel Hospital was placed under my charge, and I was ably assisted by Sister Forbes and five of the English Reserve Sisters. We had 30 officers and over 200 men, nearly all suffering from enteric fever. In this place, so recently occupied by the English, during the unavoidable delay in receiving our stores, we were greatly aided by Lt.-Col. Ryerson (later Major-General Ryerson), and his Red Cross supplies. Suits of pyjamas, tins of condensed milk, beef essence, good whisky and many other medical comforts were given us by the Colonel, who very kindly looked out for our personal comforts as well. For over a month we remained at this hotel. Then as soon as the patients were able to be moved we went back to No. 3 General Hospital, which with the Scottish National Hospital had arrived in the meantime and were pitched on the outskirts of the town.

Here, under canvas in June, like our Sisters at Springfontein, we suffered acutely from cold. Each morning the hoar frost was thick, both inside and out of our single bell tents. We were very short of water and lived on rations which an orderly cooked for us on a fire on the veldt. Dinner was a very un-

certain feast on a rainy day. Around our camp, within 50 yards, were several six-inch guns, while we had prepared in a donga a place of safety for helpless patients, and a bomb-proof shelter for all the hospital staff in case of attack, which for some time threatened us daily. Hanging in our mess tent was a copy of orders to be observed when attacked. Several mornings we wakened to hear the boom of guns, which, however, were never near enough to necessitate our using the shelters.

In July, we were surprised and pleased to receive orders to proceed to Pretoria, which had lately fallen to the English. These orders came from Lord Roberts direct, who, happening to hear that we hoped to see Pretoria before leaving the country, with that great kindness which always characterized his actions, requested the P.M.O. to transfer us for duty there at once. We waited for Sisters Affleck and Russell to join us and two days later, in a carriage attached to Lady Roberts' train, preceded by an armoured train, we made the journey to Pretoria (one hundred miles) in 12 hours. Lord Roberts and his staff, including Major Septimus Denison, A.D.C. (now Major-General Denison, C.M.G.), were at the station to meet Lady Roberts and her daughters and Major Denison introduced us to the Field-Marshal. This gave us the opportunity of thanking him personally for his kindness.

At Pretoria we were attached to the Palace of Justice R.A.M.C. Hospital, which included the Irish Hospital, sent out by Lord Iveagh. Here we nursed for Dr. George Stoker, a London specialist, who was second in command of the Irish Hospital and from whom we received many courtesies. A week or so later we were joined by three Sisters of the 2nd Contingent, the fourth, Sister Horne, having been invalided to

Madeira. Here we remained until November, when we received orders for Wynberg, pending embarkation for Canada. After completing a year's service, Col. Gubbins, P.M.O., Pretoria, gave us 10 days leave, which we spent in visiting Natal, stopping at Ladysmith, Spion Kop, Colenso, Chieveley (where Lt. Fred. Roberts, V.C., Lord Roberts' only son, is buried), Pietermaritzburg and Durban. We were unfortunately delayed in reaching Pretoria by the line having been cut by the Boers, and so arrived back there too late to join The Royal Canadian Regiment, with whom we were to have gone home via England.

During our service in Pretoria, Major Denison was most kind in looking after our comfort. After being eight months under canvas on the veldt, a roof over our heads and plenty of water seemed great luxuries. I should like also to mention the kindness and courtesy with which we were invariably treated by the Royal Army Medical Corps. Surgeon-General Wilson, the P.M.O. of the Army in South Africa, with whom we frequently came in contact, was unfailing in his courtesy to us, while Col. Gubbins, P.M.O., Pretoria, Lt.-Col. Wood, P.M.O., Kroonstadt (with whom Sister Forbes and I served eight months), Lt.-Col. Keogh, P.M.O., Springfontein, and Lt.-Col. Grier, P.M.O. No. 1 General Hospital, Wynberg, were equally kind and courteous to us on all occasions. Superintending Sisters Miss Sidney Browne, R.R.C., Miss Garrioch, Miss McCarthy and Miss Chadwich were all most kind and appreciative of our work. We found in Lt.-Col. Biggar (late Major-General Biggar, C.M.G.), a firm friend for our interests at the base, and were indebted to him for many kindnesses.

On the 13th of December, 1900, we embarked on board the "Roslin

Castle" with the 2nd Contingent, which had orders to sail direct to Halifax. This was a great disappointment to us as we had looked forward with much pleasure to visiting London. After a week at sea several cases of enteric fever developed. From Cape Verde the weather was very rough and nursing became most difficult. We were greatly saddened by the death of two to our patients, Sergt. Inglis, R.C.D., who died on New Year's Day, and Lieut. Sutton, R.C.D., on January 6th, when only two days out from Halifax. Late in the afternoon of January 8th, we sighted Chebucto Head and later in the evening found ourselves safely back in our much loved land, "the Lady of the Snows."

After arriving back in Canada we veterans formed the nucleus of a Reserve of Nursing Sisters, and when a year later, owing to continued trouble with De Wets' Commandoes, a 3rd Contingent was being sent to South Africa, eight Nursing Sisters, four veterans and four recruits, were attached again for duty with them. We all sailed together this time, not on a troop ship, but by the mail boat from Halifax to Liverpool. After a week's delay in London we sailed by the Union Castle Liner "Saxon" from Southampton to the Cape, and from there to Durban via a returning hospital ship. Our orders were for Harrismith, where we served under Lt.-Col. Westacott, R.A.M.C., P.M.O., and Supt. Sister Miss Chadwick, R.R.C., and here we remained until after peace was signed at Vereeniging on May 31st, 1902.

We much enjoyed the peace celebrations including a gymkhana in which the Canadians took three prizes. All Officers, Sisters and Tommies were given an eighteen-pence credit at the canteen! Since Canadians are supposed by some to have still a flavour of the wild

Indian, I chose a pipe (of peace) as a most fitting gift. On this one of our men carved very wonderfully a head of Kruger and the dates 1899-1902. This made a charming souvenir.

In June we received orders to embark at Durban for Canada. The King's Coronation was to take place on the 28th, and as we passed each station en route we were much impressed by the efforts at decoration—Alas! we arrived early in the morning of the 24th at Durban to find joy turned into sorrow, owing to His Majesty's sudden illness; and the places arranged for gala celebrations were turned into meetings for intercessory prayer.

We arrived safely at Halifax on the 24th July, and again demobilized into private citizens.

In 1905 the British Troops left Halifax and the Canadian Permanent Forces took over the Garrison, Col. Drury, C.B. (late Major-General Drury), becoming General-Officer Commanding.

In August, 1906, I was appointed Sister-in-charge of the Station Hospital, and in November Sister Margaret C. Macdonald, (later Matron-in-chief, R.R.C., C.A.M.C.), joined me, thus starting the Permanent Force of Nursing Sisters. A few months later I was made a Matron, a Sister was appointed at Quebec, and later another at Kingston.

A year later courses were opened during May and September, where trained nurses could qualify for Military Service.

In 1907, Col. G. C. Jones (now Major-General Jones, C.M.G.), became D.G.M.S. at Ottawa, and in that year changed the khaki uniform to light blue—same pattern—white sailor hat with blue ribbon and corps badge in front; a staff cape—dark blue lined with red—and corps but-

tons for spring and autumn; for winter a dark blue great coat—double breasted, with corps buttons, a persian lamb cap with red brush on side and cap badge in front, and fur gauntlets. Also a full dress uniform of dark blue cloth with red facings, black boots and white gloves.

* * * * *

It is now nearly forty years since I trained as a nurse. I have had charge of seven hospitals, three civil and four military. In Halifax I felt I belonged to the United Service, as we included the Bluejackets with our patients, and in the first years

of the Great War had many French and Italian sick sailors, who were good and appreciative patients. I have done seven years—lacking three months—of active military service. My hair is now white and my blood pressure 200—a rate which causes often great discomfort. In fact I am long since a “back number,” but the sight of soldiers or sailors marching, a bugle call, the sound of the drums or military band has power still to stir in me the old enthusiasm and once more I long to minister to such cheery, grateful patients as the Soldiers and Sailors of the King.

[**Editor's Note:** The foregoing article was written by Miss Pope at the request of the Convener of the Publication Committee, Canadian Army Medical Nursing Service, who kindly granted us permission to publish these interesting reminiscences as the leading article in this number.]

Georgina Fane Pope, writer of the foregoing article, who is a daughter of the late Judge W. H. Pope (a father of Confederation) and a sister



NURSING SISTER GEORGINA FANE POPE,
R.R.C.

of Sir Joseph Pope, of Ottawa, was born at “Ardgowan,” Charlottetown, Prince Edward Island. Miss Pope received her training at the “Mother of Training Schools in America”—Bellevue, New York. Af-

ter graduation she had charge of Dr. Johnson's private hospital in Washington, D.C. Then for five years Miss Pope was superintendent of Columbia Hospital for Women, in Washington, where she started a training school for nurses. Owing to ill-health she resigned from the Columbia Hospital for Women. After a year's rest and a post-graduate course at Bellevue, Miss Pope was appointed in charge of St. John's Hospital, Yonkers, N.Y., where she remained until the autumn of 1899. A month later she sailed from Quebec to serve her country as a member of the Nursing Staff of the British Army during the Boer War. After demobilization in 1902 she was on the Reserve Force until 1906, when she joined the Permanent Force and was stationed at Headquarters in Halifax, N.S. During the Great War, Miss Pope served for a short time as Matron at Orpington and at Taplow before going to France as Matron of No. 2 Canadian Stationary Hospital. She was invalided home in 1919, since when she has retired into private life.

— Editorial —

The fifth Congress of the International Council of Nurses, to which the nurses of the world had been looking forward for many months, is now over, and the proceedings of the Congress form a most important page in nursing history. The nurses of the thirty-two countries who were privileged to attend the Congress are gradually getting home and once more taking up their daily tasks through which they give their contributions to the sick of the world. Each one returns with different impressions of the details of the Congress, but it was most apparent that all were returning with the same impression of the great outstanding message, which was the fact that nursing had no nationality. Nurses the world over may have differences of race, religion, language and customs, but they meet on the common ground of professional responsibility, since in all lands the nursing care of the sick of the nation is placed in their hands.

The Congress in Helsingfors contributed greatly to the better understanding of the many problems in every country, which the nurses of that country are bravely and courageously undertaking to solve. The nurses felt drawn together and the distances between countries seemed to lessen. The spirit of international sympathy and understanding grew as the days passed, and at the end of the Congress week each nurse felt the truth and the force of the opening address of Bishop Gummerus, in which he said, "You are in our

thoughts united in one large and noble sisterhood."

The Canadian nurses who were privileged to receive that message have assumed a great responsibility. The international spirit and broadness of vision must be passed on to other nurses, and the influence of international understanding and goodwill spread until each individual nurse feels herself a part of that great organization of nurses—The International Council of Nurses. The inspiration of such a congress should be felt by all nurses, and so bring about a world-wide interchange of whole-hearted encouragement and practical assistance in professional problems.

In Canada we think of our country as a young country, as it undoubtedly is when compared with the countries of the Old World, but Canadian nurses cannot make that same claim for their profession since the Canadian Nurses' Association was one of the early members of the International Council of Nurses. We owe this membership to the pioneers of our profession in Canada, whose courage and unselfish perseverance laid the foundation-stones, and whose broad vision enabled them to visualize the future development of nursing from a world-wide viewpoint. This seniority of membership brings with it added responsibility. The nurses of this generation must accept the challenge of our predecessors and thus foster and develop in every possible way their great vision of a world-wide sisterhood of nurses.

Modern Conception of Scarlet Fever

By A. H. GRAHAM, M.B., D.P.H.

Owing to the constancy with which haemolytic streptococci of one type or another have been found associated with scarlet fever, they have long been considered as a possible cause of the disease. Attempts to prove their causal relations have encountered many obstacles. It would be impossible in the scope of this paper to incorporate a complete review of all the literature that has been written regarding haemolytic streptococci in scarlet fever. Accordingly references to such works as have been outstanding have been made.

For many years attempts have been made to classify haemolytic streptococci and to produce curative sera.

Marmorek (1895)* first attempted to produce a curative serum by immunizing horses against streptococci, using living cultures for injection. The serum obtained was used in high dosage of 100-200 c.c. Moser and Von Pirquet (1902-1903)† concluded that streptococci from cases of scarlet fever were different from those from other diseases. They found that sera from convalescent cases of scarlet fever consistently agglutinated streptococci from scarlet fever patients, in low dilutions, and sera from other sources rarely. Salge (1902-1903) obtained similar results, Aronson (1903), Neufeld (1903), Weaver (1904), claimed that they could not find any specificity of streptococci in scarlet fever by agglutination or otherwise. "It is quite evident that various workers disagreed as to the possibility of a specific strain of streptococcus for scarlet fever. This attitude persisted until 1919 when, due to concentrated efforts of a number of investigators, consistent results were obtained in regard to a specific grouping of haemolytic streptococci in scarlet fever cases."

Dochez, Avery and Lancefield (1919)‡, Havens (1919), Tunncliffe (1920)†, Gordon (1921)®, Bliss (1922)°, Eagles (1923)●, found that by ag-

glutination experiments, absorption of agglutinins, protection experiments, and to some extent by fermentation of sugars, the specificity of this group of haemolytic streptococci could be demonstrated.

In order to establish this specific group as the causative factor of scarlet fever, it was essential that the organisms should fulfil Koch's law. This was successfully carried out by Dick and Dick (1923)§, who obtained their culture from an infected finger of a nurse on a scarlet fever ward. Successive attempts to reproduce the disease in animals were practically a failure. Following the injection of the animal a reaction occurred in the majority of cases, with an occasional rash and more rarely desquamation. Guinea pigs were the most susceptible of all animals and a higher percentage of positive results was obtained. However, the clinical condition produced did not sufficiently resemble the disease to justify the designation of experimental scarlet fever.

Human volunteers were necessary for the solution of the problem, and accordingly several volunteers were experimented on. Active cultures were smeared on tonsils and pharynx and in one volunteer a typical case of scarlet fever was reproduced, which followed the usual course without complications. The series of human inoculations was limited to some extent due to financial remuneration required to compensate for the risk assumed by the volunteers. The streptococcus used was a pure culture and was recovered from the experimental case of scarlet fever and reproduced again in pure culture. This experiment definitely linked up the specific strain as the causative factor of the disease.

It was still necessary to show, however, whether the experimental case of scarlet fever had been caused by the haemolytic streptococci or a filterable virus associated with it in culture.

A second group of volunteers was used and inoculated with a culture which had been passed through a Berkfeld V filter. For two weeks following no reaction occurred and the group were again inoculated, using an unfiltered culture. One volunteer developed a typical case of scarlet fever 48 hours later. This conclusively proved that the disease was produced by the haemolytic streptococci and not by a filtrable virus.

Since the haemolytic streptococcus is present consistently in the throats of scarlet fever patients, and rarely found in the blood stream, the rash itself must not be produced by a direct action of the streptococcus on the skin. It was found that the haemolytic streptococci produced a toxin, which, on being absorbed into the blood stream, caused nausea, vomiting, fever and a typical rash. The haemolytic streptococci must be grown on suitable media for toxin production and the culture is filtered through a Berkfeld V filter. The filtrate contains the toxin and its action can be destroyed by boiling.

This discovery was an important step and offered a scientific basis for future work. The toxin was the means for (1) developing a skin test for susceptibility to scarlet fever, (2) preventative immunization, (3) production of antitoxin.

The skin test, the Dick test, so called, in recognition of the original work of Dick and Dick, consists of the injection of scarlet fever toxin (dil. 1-1000), 1/10 c.c. intracutaneously on the anterior surface of the forearm. As a control toxin is used which has been inactivated by heating at 100°C. for one hour, 1-10 c.c. of 1-1000 dilution is injected intracutaneously at a point not less than 3 cms. from the test dose. These injections cause small wheals to be raised which disappear in a few minutes. Positive reactions usually begin to appear in from 4 to 6 hours after injection. At first they consist of small circles of erythema. This red area increases and reaches a maximum size and intensity in 18 to 36 hours. In less positive re-

action the maximum is reached in 18 to 24 hours. The redness is frequently associated with some swelling of the skin. In the most strongly positive tests the reddened area continues to spread and swelling increases up to 36 hours after inoculation. Soon after reaching their maximum size and intensity the reactions begin to subside. Even the most strongly positive do not persist after 48 hours. The bright red colour becomes dull and begins to fade. The swelling disappears, leaving only a faintly yellowish area, which sometimes desquamates during 7 to 10 days following the test.

Reactions are classified according to their severity, that is, area of redness and intensity of induration and e demness. Four types of reactions are as follows: (1) negative, (2) positive, (3) pseudo, (4) pseudo-combined. Readings should be made on the tests at the end of 18 hours since many reactions fade rapidly from 18 to 24 hours. Negative reactions are only seen as a faint pink streak along the course taken by the needle.

A moderately large series of tests has been carried out to determine susceptibility of individuals by age groups from birth until adult life. The results indicate that the reactions are similar in mother and offspring during the first six months of life. The reaction persists in the child from 6 to 9 months of age. The percentage of positive reactors is greater at 4 years of age, 60 to 70 per cent., gradually decreases after 4 years until adult life about 20 per cent. are susceptible.

Persons who have had the disease give a negative reaction in a majority of cases; showing that an immunity is conferred after an attack of scarlet fever. In active cases the test is strongly positive during the first 2 to 5 days and gradually becoming less positive after this time until at 12 to 16 days a negative test is the rule, to which there are a few exceptions.

Immunization by use of toxin:—

When small amounts of toxin are injected into susceptible persons they may develop general malaise, nausea,

vomiting, fever and a scarlatinal rash. These symptoms appear within a few hours after the injection and disappear within 48 hours. By beginning with a small dose of toxin it is possible to immunize susceptible persons without causing a severe reaction. The toxin must first be carefully standardized on human beings in order to determine the skin test dose. No animals have as yet been found which are suitable for standardization purposes. Persons are immunized by injections of toxin at 5 to 7 day intervals, beginning with a small dosage. This work as yet is only in an early stage of development but a working standard has been adopted by certain men as follows:

- (1) Adults, 250-500-500 skin test doses.
- (2) Children, 250-500-1000 skin test doses.

Experience has shown that immunization must be carried to a point of a negative skin test. The first change that appears in the skin tests during the course of immunization is a more rapid fading. Later, usually within a week after the last dose of toxin is given, it becomes entirely negative. The skin test should be repeated after 2 to 3 months as a safeguard.

Following an acute attack of scarlet fever it is evident that an immunity has been produced. For many years efforts have been made to produce curative sera and a few encouraging results have attended the use of these sera.

Antitoxin:—In 1917 Schultz and Charlton made the observation that serum from a convalescent scarlet fever patient, if injected in 1 c.c. amounts intracutaneously, would cause blanching in a scarlet fever rash about the site of injection. This was called the Schultz-Charlton phenomenon and the explanation offered as to its mode of action was the neutralization of the toxin in situ in the skin. Thus serum from convalescent patients contains anti-bodies which are specific and would explain the nature of inherited immunity in the offspring for a period of six months. This property of

convalescent serum has made it of value in active treatment in certain cases of scarlet fever.

In a similar manner to immunization antitoxin can be produced by injecting increasing doses of toxin into a horse at intervals of 5 to 7 days. The antitoxin thus obtained must first be carefully standardized by making mixtures with varying quantities of toxin in known strength, and the mixture used for skin tests on susceptible individuals, before being used for active treatment.

Antitoxin added to a proper volume of toxin or convalescent serum plus toxin when used, as a mixture for skin tests in individuals who have previously had strongly positive reactions will now give negative reactions.

The broadened outlook as to the causation of scarlet fever, the production of a toxin and antitoxin, has opened up many new channels for future research work on scarlet fever and many allied diseases. Knowledge of the present conditions may be practically applied with every hope of success.

Conclusions

1. Scarlet fever is caused by a specific strain of haemolytic streptococcus which can be distinguished from other strains by agglutination experiments, etc., but not as yet by cultural or morphological characteristics.

2. This specific strain produces a toxin which will produce on injection a typical scarlet fever reaction.

3. The Dick test is a reliable index of immunity or susceptibility to scarlet fever.

4. In conjunction with active immunization with scarlet fever toxin it will help in control of scarlet fever.

5. It serves to indicate the susceptible persons who need immediate passive immunization with scarlet fever antitoxin.

6. The Dick test is an aid in diagnosis of doubtful cases of scarlet fever.

7. The scarlet fever toxin is neutralized in multiple proportions by antitoxic sera.

8. The specific character of toxin produced by many different strains of haemolytic streptococci may be studied by use of the skin test.

9. The streptococcus group will be further investigated in other diseases for purpose of prevention and treatment.

10. A new impulse to the study of scarlet fever has been given by recent successful advances.

(A. H. Graham, M.B., D.P.H., Fellow of International Health Board of the Rockefeller Foundation, Department of Hygiene and Connaught Laboratories, University of Toronto.)

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Nursing Advisory Board League of Red Cross Nurses

A meeting of the Nursing Advisory Board of the League took place at League Headquarters from August 12-14. Baroness Mannerheim presided, and the following members were present:—

Miss Lloyd-Still, matron. St. Thomas' Hospital, London; Miss Munck, president of the Scandinavian Nurses' Union; Countess Louise d'Ursel, secretary of the Federation of Belgian Nurses' Associations; Marquise di Targiani Giunti, of the Italian Red Cross; Miss Mary Gardner, superintendent of the Providence District Nursing Association, representing Miss Fox, U.S.A.; Mme. Mascart, member of the Administrative Committee of the Union of the Women of France (French Red Cross), representing Mlle. Flourens.

Among the guests invited to hear the reports of the members of the Division the first morning were: Miss Goodrich, Miss Clayton and Miss Carr, of America; Miss Walker, of Soissons; Miss Crowell, of the Rockefeller Foundation; Miss Gullan and Miss Daunt, of England; and Miss Baud, one of the International Students, of Holland.

Mr. Kittredge, speaking for the Director-General in his absence, welcomed the members of the Board and assured them that the League was doing everything in its power to assist Red Cross Societies to develop their nursing services. He said that as far as its present policies would permit, the League had put into effect the recommendations passed by the Board last year; and expressed appreciation of the technical advice of the Board, and satisfaction at the progress that had been made in the international field of nursing during the year.

Dr. Sand spoke to the members of the Board on the decisions taken by the Board of Governors of the League at their recent meeting and read and explained the resolutions adopted. He sketched the work of each of the Divisions of the League Secretariat, and the policies and programme, assuring the Board that the League would give the nursing programme every support. Miss Olmstead then reported on the work of the Nursing Division during the last year and on the development of Red Cross nursing throughout the world. Mrs. Carter read her report on the

International Courses, of which she is the Director of Studies. Miss Lefebvre reported on the study visits to the Nursing Division, and Miss Smith on the activities of the Division in connection with publications.

The following two and a half days were given over to careful consideration of the reports of the members

of the Division and to a discussion of its problems. Miss Gardner, the Marquise di Targiani Giunti, and Miss Lloyd-Still were appointed to form a Resolutions Committee, and drew up a series of resolutions which will be submitted to the Director-General.

(Information Bulletin, League of Red Cross Societies, September 15, 1925.)

The Red Cross Outposts of Northern Ontario

By MABEL SHARPE, Reg.N.

The term Outpost immediately produces a mental picture of a station in a lonely settlement on the border of No Man's Land. This is true of the original Outpost opened by the Ontario Division of the Canadian Red Cross Society.

In the rather isolated community of Wilberforce, with the nearest doctor thirty miles away, a small residence was converted into a nursing station. Here the nurse has her home and accomodation for two patients, which enables her to look after the seriously ill and those requiring special care. In addition to this the nurse is doing a large amount of community visiting, including caring for the sick, disease prevention work, and school inspection both in the village and the surrounding district. This type of Outpost is proving of limitless value in the smaller communities. Others are being opened this year in different parts of Northern Ontario. In some of these communities there is a resident physician, which greatly facilitates the work of the nurse.

Following the fire of October, 1922, two emergency Outposts were opened, one at Englehart and one at Haileybury. Private residences were converted into Outposts where all

fire sufferers were treated free for six months. The work at first in both was chiefly medical and obstetrical, with some minor surgery, such as tonsils and accident cases. The Outposts were more than hospitals to many of these people. Winter coming immediately after the fire gave the people no chance to build homes and they had to content themselves with shacks. Many of these shacks being small and overcrowded, it was small wonder that the women became disheartened and sick. Some of these were treated in the Outpost for a week or ten days and the change wrought in them seemed almost unbelievable. When dealing with this type of patient it was the home atmosphere which had to be developed. The white furnishings of the wards and uniforms of the nurses appealed to them greatly, but in the afternoons when the routine work was over the patient would ask the nurses to get out of uniform and put on their "pretty" dresses. Small attentions like this meant so much to the people after the drab life they were forced to lead in their own homes. Then, too, the victrola was a constant delight to them.

The Outpost at Haileybury replaced the hospital operated by the

Sisters of Providence, which had been destroyed by the fire. With three resident surgeons the lack of an operating room was greatly felt. It was not always possible or even advisable to transfer or send operative cases to the hospitals in the neighbouring towns. The only alternative was to operate with the accommodation provided. An operating table, basin stand, high instrument tray and electric sterilizer for instruments and water were installed. There was already a small sterilizer for dressings.

The first major operation performed was an appendectomy. A two-bed ward was cleared. The next problem was the walls and ceiling. The ceiling was very high and calcimined and the lower half of the walls papered, and that not very recently. It was finally decided that they should be washed with lysol solution. This treatment has been applied many times since and the paper looks none the worse. It is not, however, recommended for all types of wall paper!

This first operation, in January, 1924, proved so successful that many more were performed. In March there were twenty-two, fifteen of them being majors, including appendectomies, hysterectomies, cholecystectomies and others. This demonstrated so clearly the great need of an operating room that one was built by the Provincial Chapter, I.O.D.E., the owners of the building, with the assistance of the Local Chapter. By this time the staff had been increased from two to four graduate nurses.

Since the opening of the new operating room in July there have been 320 operations, including tonsillectomies and all kinds of minor operations, majors of all types, and bone-platings. It is just a small room, fifteen by eight feet, but it

is a great improvement on having to clear a ward for every operation.

In sparsely settled districts these Outposts are proving of untold value. The distances are great, some of the patients being brought in from thirty to sixty miles. Then, too, in some seasons the roads are almost impassable. It is indeed practically impossible for the doctor to give patients the needed care unless he has some central place to which he can bring the sick. With the large hospitals two and three hundred miles away it means the saving of lives to have these Red Cross Outposts scattered throughout Northern Ontario.

The three and five bed Outposts with the staff of two nurses are being replaced by the seven and ten bed types with an operating room and a staff of three and four nurses. This provides for a much larger and more interesting piece of work. New Outposts of this kind are now being opened at different places farther north and west. At present there are twelve Red Cross Outposts in operation with a total bed capacity of seventy-eight, and a nursing staff of twenty-three graduate nurses.

While life in an Outpost is usually a busy one, it is not all work and no play. The people in the north are very sociable and hospitable and most generous in opening their homes to the nurses. Then, too, watching the growth and development of a new country adds to the attractiveness of the life. Knowing that one is helping to accomplish something really worth while compensates for the lack of some of the comforts and associations that a city affords. But for a life of usefulness and real happiness no field of nursing has more to offer than the work in one of the Red Cross Outposts.

[Mabel Sharpe, Nurse - in - Charge, Haileybury Red Cross Outpost.]

Opening Address at the International Council of Nurses

By BISHOP JOAKKO GUMMERUS

(Text: I. Corinthians, 13, 3-8a)

You have come from all parts of the world to our far north, which now receives you with all the concentrated fullness of light and warmth which it has during its short but beautiful summer. It is our desire that you may also feel how our hearts and minds are opened to welcome you.

You come to us as representatives and servants of a great work of humanity and love, as soldiers in a noble army fighting against the life-destroying powers of sickness and death. We all, who are standing outside your ranks, have at some period of our life obtained help and aid through you, either personally or for some dearly loved one, at whose sick bed we stood with trembling heart, and we are indebted in deep gratitude to you. When visiting a hospital we see the heaped accumulation of suffering within its walls, it makes us feel anxiety and sorrow, but these feelings are at the same time outweighed by rejoicing and thankfulness as we see there also the work of compassion and love, combined with skill and training in its brightest form.

We call you sisters, and there is pure tenderness as well as honour and esteem in this name. We see you all in those we have come across, and what one of you has done for us, we regard as done by you all. You are in our thoughts united in one large and noble sisterhood, representative of the highest womanhood. How have you achieved this position? Not merely by your skill, not merely by your unwearied toil, not only by the blessed results of your endeavours, valuable as all this may be.

We often enough see you struggle in vain against the terrible foe, sickness and death, and still, in such situations you gain our affection the more. It is not because, in a figurative sense, you have bestowed all your goods to feed the poor, and have given your body to be burned, that you have won our hearts, but because you have partaken of that greatest of gifts, love. It is because you have shown, or as far as you have shown, those noble traits of character which are described by the Apostle in that song of songs, of which we have read a passage today — of that love which suffereth long, and is kind; which envieth not; which vaunteth not itself, is not puffed up, seeking not his own, beareth and hopeth and endureth all things and never faileth. We have seen so much of this love inspiring and supporting your work that we have seen the great ideal which stands before you.

And you have come to this holy place, not to take part in a mere ceremony, not only to listen to song and music, but because, before plunging into the manifold practical questions which fill the programme of these days, you desire an uplifting of your hearts and a concentration of your minds upon this high ideal, which is the soul and spirit of your work and the real uniting force in your world-wide sisterhood. Such an uniting force it is because this love has common origin, of no merely human, but godly nature. As says the Apostle: "Love is of God; and everyone that loveth is begotten of God; and knoweth God. He that loveth not, knoweth not God; for God is love." (I. John 4: 7, 8.)

If you are not all ready to join a confession in such outspoken words, there surely is not one of you who is not aware that the power of real love and compassion does not depend on ourselves and cannot be developed by purpose or decision of our own will; it must be set on fire by a spark, coming from a source which is higher than our individual life. Our life work must be placed in connection with some great purpose of the human world as a whole; it must be anchored in the deepest ground of our own nature. What gives us this aspect of our work and this anchorage? Only religion. Only the communion with the Eternal. Our soul cries with Augustine: "My heart is restless until it finds rest in Thee."

And the Eternal, who is love and the source of love, gave us His beloved Son, who emptied Himself, taking the form of a servant (Phil. 2:7); who came, not to be ministered unto, but to minister, and to give His life a ransom for many (Matt. 20:28); who seeing the multitude had compassion on them and healed their sick (Matt. 14:14); who taught us in words and example the law of self-sacrifice, that he who seeks to find his life shall lose it, but he that loseth his life shall find it (Matt. 10:39); who gave us an insight into the meaning and blessing of suffering, which we need, lest we fall into desperation, when we are dealing with so much suffering in the world. The Divine Fire is burning here. That fire kindles the fire in our poor and cold hearts; and it does it, first of all, if we humbly and gratefully accept the mercy and love of the Heavenly Father, which He was sent to bring us. This gift pours into our hearts the joy and peace which we need to be capable of blessed and successful work. Not the peace of calm resignation or rigid duty, but the peace of God, which at the same time is love and makes us the more

sensitive to the sufferings of other people, being "the only clue to the mysteries of life."

None of us can boast of having enough of the fullness of this love. All of us must be deeply humiliated before that ideal, as it meets us in Jesus Christ. But in humiliating ourselves we are uplifted by His grace. May we seek this source of power in prayer and devotion, desiring to be what we **ought** to be.

The nurse's calling is a profession like other professions. But the religious aspect of life means that a profession shall be sanctified to a **vocation**, a life work given from God, in which we serve Him and carry out His will. Not every profession can in the same degree be thus sanctified to a divine vocation; not every profession can satisfy the whole personality and develop all the possibilities which are slumbering in the soul. There are, in our time of industrialism and mechanical work, professions so empty and standardized that not even the religious aspect can give them the character of a positive life work. A profession of that kind is only a means of livelihood, and the vocation must be found somewhere else beside it. But in this respect the profession of a nurse stands on the highest possible level. Profession and vocation can fully correspond with each other. When she devotes herself to the service of suffering humanity, all the strength, all the insight and interest, all the human sympathy and divinely inspired love she is capable of are required of her. It is a service of man to man, with all the heart in the service. This service cannot be done with calm calculation of how much it is worth while doing. Here you must give your life to win your life. In doing so you are fellow-workers in that great Kingdom of God, which unites all races and nations unto one body and spirit. Amen.

Improper School Seats

By SAMUEL A. CHALLMAN in "The Northwestern Health Journal"

(Illustrations by courtesy of the Minnesota Public Health Association.)

Figure 1—Photograph of twelve-year-old girl, in ideal posture. The white string on the seat shows the position of the seat-bones. A chalk mark indicates the apex of the hip. Note how the buttocks extend behind the seat-back.



In one of his "Little Journeys," Elbert Hubbard discovered the Morris chair, which he at once recognized as "built by a man who understood anatomy." Bogus designers have since tried to give us something just as good, but have failed for the very reason that they were making an article to fit their fancy, while William Morris (1834-1896) shaped his chair to fit the human body.

Any seat or chair really intended to meet the needs of the home, the office, or the school should be so constructed as to enable the body to balance comfortably, while assuming an active or a restful position. Ask yourself now if the chair which you occupy gives you this feeling of comfort.

Poor Seats Affect Health

At no time in life is the correct position of the body of more importance than during childhood. Particularly is this true of the posture of the child while occupying a seat in school, since it is required to be in its seat five or six hours each day for five days of each week during nine to ten months of the year.

It requires no great acumen to see that an improperly constructed seat may seriously affect the health and physical development

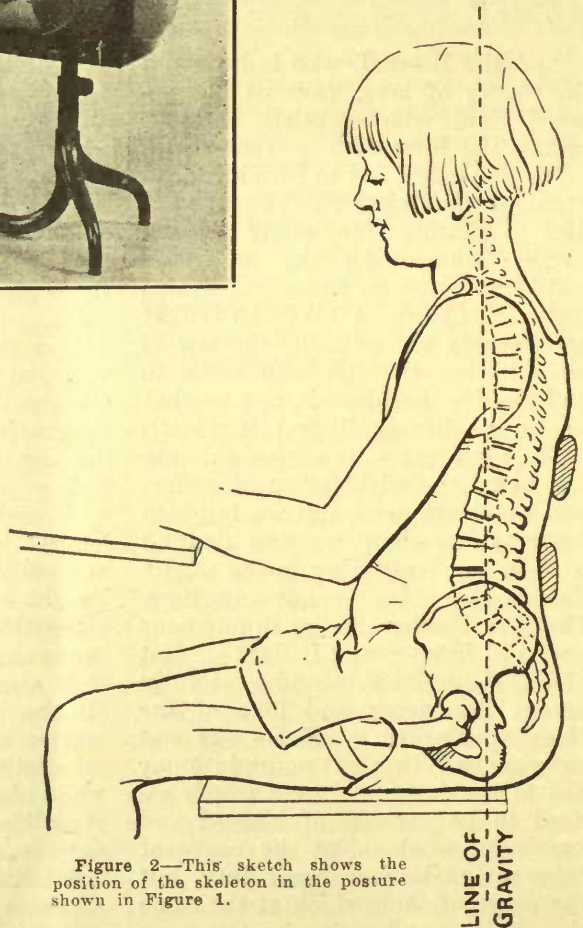


Figure 2—This sketch shows the position of the skeleton in the posture shown in Figure 1.

Figure 3—This picture shows the inevitable posture when child seeks to make use of a chair-back of this shape. The pelvis is tilted back and shoved away from the back of the chair; the lumbar curve of the spine is reversed, and the thorax and abdomen are compressed.



stooped or round-shouldered carriage of the body, and a laboured functioning of the vital organs.

Menace to Bodily Growth

To what avail has been the care during pre-school age if, with its admission to school, the child is handicapped by conditions which tend to mis-shape the skeleton, ensmall the chest, obstruct the digestive functions and reduce the vitality of the body?

The question is asked not for rhetorical effect, but in all seriousness, because every child has an inherent right to a seat in school which will promote health and physical development. The whole matter may appear to be so simple that no discussion of it seems necessary, but the stubborn fact remains that year after year, old, unhygienic seats are allowed to remain where they constitute a menace to the healthy growth of our children.

of any child who is occupying it from day to day. What the proper kind of school seat ought to be can best be told by the illustrations, designated as Figures 1 and 2. What it ought not to be is graphically depicted in Figures 3 and 4.

In referring to Figure 1, note how well the back is supported, how naturally the trunk rests on the seat, and how free the legs are at the knee. Figure 2 indicates still more conclusively how carefully the various conditions have been met by giving an X-ray picture of correct anatomical posture.

In Figures 3 and 4 the negative aspect is clearly shown, indicating how the straight back and flat seat produce a position which, if continued day after day, will result in a maladjustment of the seat bones and the vertebra, a compression of the chest cavity and the organs of digestion,

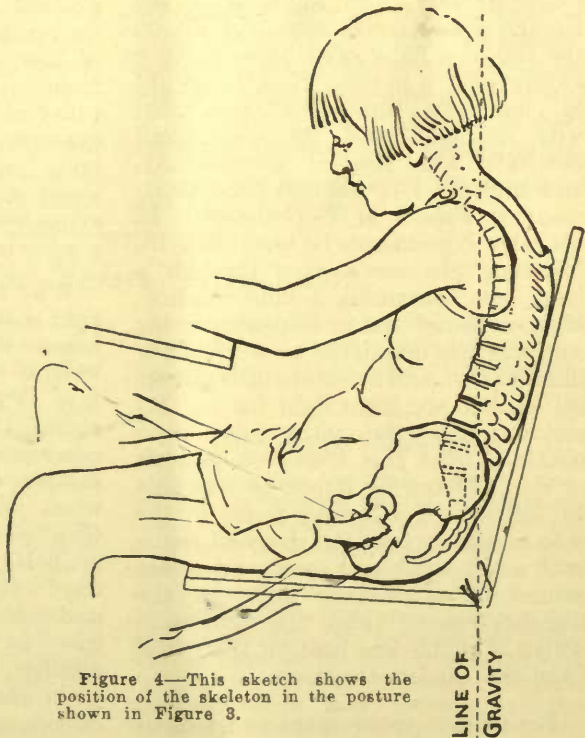


Figure 4—This sketch shows the position of the skeleton in the posture shown in Figure 3.

Artificial Light Treatment

During the past decade great advances have been made in the prevention and treatment of a variety of diseases by artificial light. It might, indeed, be claimed that the most important advance in the science of medicine during that time has been made in this field. Today we prescribe a course of light baths to the patient who, a generation ago, would have been given a bottle of medicine containing a quaint assortment of drugs, a teaspoonful or tablespoonful to be taken thr e times a day, in the hope that the mixture would expel the disease. Indeed we have only to look back a score of years to realize how quaintly and pathetically inadequate our remedies were at that time. They were not much better than those of the Middle Ages.

Treatment with sunlight dates back to the Roman Empire and probably much further. The solarium of the Roman Empir was usually built on the top of a flat-roofed house or on a gallery over a porch. But it was not till our own times that treatment with sunlight and its constituent elements was studied scientifically, and the father of modern light treatment is Finsen of Copenhagen. In his early experiments he used sunlight, focussing the sun's rays through a large lens containing a blue solution. He soon found that in Copenhagen the sun was too unreliable as a source of illumination, and he substituted powerful electric arc lamp light for it. By concentrating the ultra-violet light obtained from this source on patches of skin affected by lupus, he was able to destroy the infecting germs in the skin and to replace the diseased tissue with a soft and healthy scar. Another source of ultra-violet light is the mercury-vapour lamp, the light from which is much less heating than that from the carbon arc lamp.

For many years ultra-violet light treatment was practically confined

to lupus, this light being concentrated on the diseased patch of skin while the rest of the body was shielded from its action. Investigations conducted at the Finsen Institute in Copenhagen have, however, shown that ultra-violet light is most effective when the whole body is subjected to its action. It is now realized that the failures observed in the local treatment of lupus with Finsen's concentrated light were due to two factors which, until quite lately, have been very imperfectly understood. Lupus, it is true, appears as a strictly limited patch of disease on the face, but this patch is often merely the outward and visible sign of a deep-seated tuberculous infection. To treat only a little patch of lupus and to ignore the rest of the body was, therefore, like cutting off the leaves of a weed without destroying its roots. The other factor, which we now realize is most important though we do not yet fully understand it, is the beneficial action of light on parts of the body remote from a diseased area. To cure a tuberculous process in the neck, for example, we now give the whole body exposures of artificial light instead of those small and concentrated exposures with which we were satisfied a score of years ago.

Why is it that a universal artificial light bath increases general vitality, raises the body weight of underweight children and increases their rate of growth when it has been retarded? And why is their mentality quickened, and why do dull, lethargic children become bright and intelligent when practically the only change in their environment is the exposure to artificial light for a few minutes every day? It is the custom of diplomatists and other presumably intelligent persons to answer one question with another, and as we cannot give a plain answer to our own question, let us ask why both the animal and the vegetable kingdoms languish in the

dark and flourish in sunlight? Candidly, we cannot tell. But we do know that the action of sunlight is very complicated, and that some of its constituents are much more health-giving than others. And it is by breaking up sunlight into its constituent elements and by employing only its most beneficial constituents, that we shall achieve the greatest and most rational successes. In this way we shall be following the example of the chemist who, instead of giving a handful of herbs to a patient, extracts the potent alkaloids from them, separates the injurious from the beneficial alkaloids, and gives the latter in scientifically graduated doses. So, though we do not know precisely how the constituents of sunlight act, we are now able to separate them from each other, giving the patient scientifically graduated doses of those constituents which we have learnt, more or less empirically, to be beneficial. We may, in fact, compare the patient who attempts to cure himself simply by eating herbs, with the patient who spends all his day in the sun and wonders next day why he has a racking headache and feels less well than ever. Every good thing is bad if indulged in to excess.

What are the diseases for which treatment with artificial light is suitable? Their number is probably limit-

less or, to be more exact, there are probably few morbid conditions which would not respond satisfactorily to some form of light treatment when it has become much more specialized than it is at present. Meantime some of the diseases which we already know to be amenable to this form of treatment are tuberculosis, rickets, blood disorders, neurasthenia, some forms of rheumatism, and tetany or a tendency to convulsions in infants. It has been found, in rickets for example, that the phosphorous content of the blood which is below normal in rickets, is raised to the normal level within four weeks after a total exposure of only about 100 minutes to ultraviolet light. Again, in the case of tetany, infants who have been subject to convulsions on very slight provocation, become perfectly normal in this respect within a month of the beginning of a course of light baths. Recent experiments have even shown that, in children suffering from diabetes, light baths may have a beneficial action similar to that of insulin. We are still only on the threshold of this new science of light treatment, but we already know enough to be sure that the future has great things in store for us if our research workers are given the necessary opportunities.

(From the Secretariat of the League of Red Cross Societies.)

Canadian Nurses' Association

Every federated association in the Canadian Nurses' Association is reminded that preparations for the general meeting of 1926 are now under way. Recently a nomination blank for 1926-1928 has been mailed to the secretary of each federated association. These forms must be completed and returned to the National Office not later than January 31st, 1926.

If the secretary of any federated association finds that she has not received a copy of the nomination blank, she is requested to immediately notify the Executive Secretary, 609 Boyd Building, Winnipeg, Man. Such a request should state if there has been a recent change in the office as secretary, and give the name and address in full.

With preparations for the general meeting, 1926, well under way, it will be neces-

sary for the Executive Secretary to be able to keep in direct communication with the secretary of each federated association.

International Headquarters

For some time the great need of a permanent headquarter for the International Council of Nurses has been felt by the members. At Helsingfors the office, with secretary and clinical assistance, was budgeted for by fixing a membership fee for all associations holding membership at five cents per capita. The International Office has been opened in Geneva, with the secretary, Miss Christine Reimann, in charge. Communications may be sent to the Secretary, International Council of Nurses, 1 Place du Lac, Geneva, Switzerland.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

A Dental View of Focal Infection

By Dr. L. G. SMITH

So much has been written about this subject, pro and con, that it is possible for one to become confused and wearied. Almost all complaints, from headache to toeache, have been attributed to the teeth, the result being that dentists were stampeded and teeth were ruthlessly extracted: some patients getting relief while others did not.

There is danger from infection, and a **real** danger wherever it exists. Sane treatment will accomplish much to destroy infection, which should never be allowed to remain in the mouth.

There are so many possible foci in the mouth that it is exceedingly difficult to get rid of all of them; and this is one reason for the disrepute into which focal infection has fallen, because any one infected condition present can and will cause trouble. There are in the mouth at least seventy-five possible foci. Nature has provided us with thirty-two teeth; each may be infected at the margin of the gum, the gingiva. Twelve molars have two, three, or even more roots, each a possible foci; the bicuspid has one, two or even three roots; the rest have one root, though some of these occasionally have two. Then each and every one may have pulp stones: a calcification of the same etiology as stones in the kidneys or gall bladder. Rosenow says in one of his articles in the *Research Magazine* that he believes pulp stones are often caused from infection and when such is the case they are themselves infected. Infection has been found in the majority of

cultures made from pulp stones, and when an autogenous vaccine was made from them positive reactions developed in the patient.

A patient was suffering from arthritis. From roentgenograms a root was discovered where a second molar had been extracted some twenty years previously, with a large area of rarefaction surrounding it; and an area of rarefaction over the end of the left lateral, and pulp stones in all but three of the remaining teeth, none of which had a cavity and appeared to be in excellent condition. There was also a periclasia at the gingival margins of all the teeth: not bad, but sufficient to cause irritation. Treatment of the periclasia aggravated the patient's condition. Removal of the root and tumourous growth surrounding it produced severe reaction, as did removal of the tumour over the lateral. However, after three months her condition was no better, so the pulp stones were removed from a lower bicuspid, obtaining a strepto-viridans; an autogenous vaccine was made from this and injected by her physician. Several injections were given before any reaction was noted, but after six weeks her condition was so improved that she was almost free of arthritic symptoms.

In another case of arthritis two pulpstones were noticed and there was much infection in other places, but the patient was not relieved until the pulp stones were removed, following which an uneventful recovery took place, without the aid of vaccine.

In another case of arthritis and iritis the patient had suffered so severely from iritis that she had threatened to commit suicide. Her trouble was entirely from a periclasia, and when this was eradicated the arthritis and iritis disappeared; in fact, the pain left her eye after two hours' treatment was completed. This recovery was exceptional as the patient had had almost constant pain for three years.

How can the nurse help those for whom she is caring? The nurse is called in to aid the physician and patient. She should call attention to any symptom which in her opinion is or might be aggravating to the patient's condition. Note is made of temperature, pulse and respiration; the patient's body is kept clean and comfortable. These are necessary; but, also, how very necessary it ought to be to keep the mouth clean; that is, by brushing the gums and teeth and by having the patient use a mouth wash. The oral cavity is an ideal incubator, and the bacteria develop quickly if undisturbed. The small blood vessels in some cases are not protected at the gingiva and, naturally, the bacteria will find ready entry at this point. Therefore, take a toothbrush and, using either salt on the brush or a strong saline solution, cleanse the gums, first placing the bristles at an angle to the gum and giving a slight hesitating motion, sweeping down from gums to the neck of the teeth and over the outer and inner surface. The bristles must not be soft. This stimulation of the gums will produce wonderful results, and if done carefully will go a long way in keeping down periclasia. It also keeps bacteria from entering the blood stream by toughening or hardening the gums, just as the small boy when he leaves off his shoes and stockings walks mincingly for a while until his

feet become toughened and soon he is able to run over gravel and stones with impunity.

While brushing gums and teeth the difference in the colour of the gums should be noted. Blue spots about the size of a large pin-head indicate where there has been an extraction; large areas of rarefying osteitis have been found under them when radiographed. Red spots indicate, as in other places, irritation, and consequently infection—for it is believed that all cases of irritation in the mouth become infected sooner or later. Swelling of any kind and any hypertrophied tissue should be noted.

There should be more comprehensive co-operation between physician and dentist, resulting in more efficient service to the patient. Broken-down teeth, roots, old amalgam fillings, are open to suspicion, as of course are crowns and bridges, and partial dentures.

Dentistry is really a young profession, the members of which are only beginning to realize their responsibilities. Dentists have educated their patients along wrong lines. Former errors must be acknowledged and corrected. Finances, too, enter into the question, for the overhead of a dental office is no mean item, and the restoration of lost tissue requires time, and well-developed skill.

At present it is impossible to state that infection will cause anything but local trouble: that is, a patient may have arthritis, iritis, endocarditis or other diseases, and this condition may be caused from the infection, but that conclusion cannot be reached before the infection is cleared up. Therefore, let it be remembered always that infection is a real menace wherever it is found.

(Read before the Alumnae Association of the Toronto Western Hospital.)

[Note: The article on the next page is taken from Bulletin No. VI., The International Council of Nurses, and was written by Sister M. Domitilla, Director of Education, St. Mary's Hospital, Rochester, Minn.]

Group Nursing

By SISTER M. DOMITILLA

The appellation, Group Nursing, is an unhappy one because it does not convey a correct idea of the system in question, and may indeed give a very erroneous idea of it. However, the writer's distaste for the term abated somewhat on hearing a man inquire at the business office of the hospital if it would be possible to have his wife cared for under the club system.

Following are the main features of group nursing as carried on at Saint Mary's Hospital:

1. One graduate nurse takes care of two patients during the day and another graduate nurse takes care of them during the night.

2. The two patients thus cared for are in adjoining rooms with an inter-communicating passageway; each room has an individual toilet, and there is a bath for the pair of rooms which is located on the passageway.

3. The nurses alternate by the month on day and night duty; that is, one of them is on day duty for one month and on night duty for the next month, and vice versa.

4. The day nurse has two hours off each day if the condition of the patient permits. All nurses have one-half hour off for each meal.

5. When one of the two patients is discharged from the hospital, it is usually possible the same day to put a new patient in his place.

6. The nurses receive five dollars a day and their meals. The patient pays the hospital \$6.75 a day for the nursing service and the nurse's meals, and the hospital in turn pays the nurses.

7. The nurses on group nursing are really institutional workers. A nurse on duty in a given suite of rooms remains on duty there indefinitely; some of our group nurses have been on duty for two years without loss of time except for vacations.

8. The suites for patients in the group nursing system are located together in one section of the hospital and the group nurses are under the direction of a special supervisor.

Group nursing has been in operation in our hospital almost continuously for six years, and from this experience we have found that it affords the following advantages:

1. The patient has the service of a graduate nurse continuously for twenty-four hours and the cost is no greater than for a twenty-four-hour-duty nurse, who must get some period of rest during that time.

2. It eliminates the undesirable practice of having a nurse sleep in the same room with a patient, and the consequent need of supplying a cot, bed linen, etc.

3. It gives the nurse more regular hours of duty, of rest, and of recreation, and it affords her continuous employment.

4. It stabilizes the nursing service and makes for order and regularity in the hospital.

It is imperative that a nurse chosen for group nursing be capable of caring for two patients and that she be alert and fired with the spirit of service and good-will. The hospital administration must also manage to locate the patients in such a way that one nurse will not have two very sick patients to care for at the same time.

Some local factors that have contributed to the success of group nursing in our hospital are (a) the suites of rooms specially designed for this system; (b) the heavy registration of patients and the consequent need of economizing the graduate nurse service (the plan was formulated during the war); (c) the cordial and intelligent co-operation of the medical and nursing staffs and the hospital administration; (d) the serious efforts of the administration to make group nursing satisfactory.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

The Position of the South African Nurse

By Y. TREMBLE, M.B., B.C.

Nursing Organization in South Africa

South Africa was the first section of the British Empire to adopt the principle of the registration of nurses, but only in a partial and incomplete way. This promising start was due largely to the late Sister Henrietta, of Kimberley. That registration, however, was not compulsory—it is not today—and therefore was not satisfactory. The need for the compulsory registration of all practising nurses and midwives was felt very keenly by those inside the profession, as also was the necessity for representation on medical councils, the bodies which control the destinies of nurses in training and in practice. However, the nurses of South Africa were widely scattered and seldom came into contact with each other; therefore nothing was done towards an organized movement to elevate the profession into line with those of other countries until 1913. In that year the South African Nursing Record commenced publication, and a year later—after the outbreak of war—the S.A. Trained Nurses' Association came into being, with a membership of under one hundred. How keenly its advent had been awaited was shown by its subsequent history and by the fact that within seven years, most of them war years, the membership exceeded 1,000. Membership was open to all registered (not merely trained) nurses and midwives and to them recently has been added mental nurses (female).

I trust it will not be boring briefly to trace the history of this young organization. During 1914 and 1915 branches were formed in all the large centres of the Union, the delimitation generally following that of the B.M.A. In November, 1915, the first meeting of the executive body was held in Johannesburg, and there, after a run of temporary appointments, Miss B. G. Alexander, then Assistant Matron (now Matron) of the Johannesburg General Hospital was elected Hon. General Secretary, a post which she still fills. It is mainly to her ability and enthusiasm that the success of the association has been due.

The association found a keen friend in Lady Buxton, and one of its first actions was to start a fund for the care and equipment of South African nurses on war service overseas. The nurses in England and France formed an Overseas Branch, and this equipment fund, which was taken charge of by Lady Crewe, ran to a very big thing and disbursed thousands of pounds on the equipment of South African nurses at the front. It is a matter of pride that none was overlooked. The High Commissioner in London was given a sum of money, so that any South African girl who was ill or in difficulties was not stranded. The subsequent development of this fund was the formation of a Nurses' War Memorial Fund, dedicated to the memory of a number of South African nurses who gave their lives, both in action and by disease, during the

great war. An account of the activities of this fund will follow.

The return of an alleged peace allowed the association—now grown to big proportions—to turn its attention more to domestic matters. The next general meeting was held in East London in 1917, and since then they have been held annually in Pietermaritzburg, Johannesburg, Cape Town, Pretoria, Port Elizabeth, Durban and Bloemfontein. First of all it elaborated a Sick Fund or Benevolent Society, a form of cheap insurance whereby members exposed to financial hardship through sickness were assisted. The subscription to this fund was incorporated in the annual subscription of one guinea. Various other internal matters had to be attended to. The association was registered as a company in the Transvaal and issued a distinctive silver badge, which it was hoped would be the mark of the bona fide nurse in South Africa.

Then came other matters. The association took a hand in the evolution of the Nurses' Ordinance in the Cape—a piece of legislation dealing with leave and pensions. It interested itself in matters of the training of nurses and midwives. Most particularly, it agitated until it succeeded in having incorporated into the Medical Bill clauses which gave the profession those privileges of compulsory registration on medical councils without which it felt that no real progress could be made. Finally, in December, 1923, it received its greatest acknowledgment in an invitation from the combined medical councils of the Union to attend a conference in Johannesburg on the question of training nurses and midwives. At that conference practically every suggestion the association put forward was adopted by the medical councils of the Union.

I have always thought and said that the constitution of the S.A.

Trained Nurses' Association might serve as a model for the B.M.A. For a guinea a year every member receives the right of membership, the Nursing Record monthly, and membership of the Benevolent Society. The Central Board meets once a year and delegates are elected in the proportion of one delegate to twenty-five members. The expenses of all delegates are borne by the association—one-half from the central funds and one-half by the individual branches. No delegate is out of pocket. The sick fund pays out about £400 a year and no deserving case has been allowed to suffer through illness. In addition there is the War Memorial Fund, but this deserves a full head to itself.

The War Memorial Fund

This fund was designed to help aged and incapacitated nurses who were unable to earn a living, but it has grown much beyond the original intention. It is run on a provincial basis, with a central control and the funds already run to some thousands of pounds. The interest on the money invested is distributed amongst aged and necessitous nurses (as apart from the sick fund, which is a form of sick insurance). There are many whose later days are being made easier by the operation of this fund. In addition, in the Cape there is a Holiday Home for nurses at Hermanus, a house and three acres of ground kindly given by Mr. H. G. V. Pickstone, where a nurse can have a topping holiday for £5 5s. a month, run by the Fund. Later—and not much longer—there will be in Cape Town a residential club and home for incapacitated nurses. Already no South African nurse need die in poverty or end her days in undue hardship. Can any other organization show a more practical programme in such a time? And this has been done by the nurses themselves—only the few hundreds of them—by a loyal spirit of co-operation and altruism.

Nursing Legislation

The most important piece of legislation affecting nurses at present under consideration is the Medical and Pharmacy Bill, the nursing clauses of which will place that profession on a sound and professional basis. It provides for the establishment of a nurses' and midwives' register, and every nurse or midwife practising her art must be registered. Admission to the register is only granted after examination by an approved examining body and after a prescribed course of training in an approved training school, although in the first place any woman who has earned her living by nursing for three years prior to the operation of the Act will be admitted on submitting proof of reasonable efficiency and knowledge. The Governor-General in Council may declare certain prescribed areas in which only nurses so registered may practice and where practice by unregistered women will be a punishable offence. This will leave the scattered country districts open for untrained women to take on cases when a trained nurse is not available. The prescribed areas will pre-

sumably be urban areas where there is a plentiful supply of nurses and midwives.

The bill further provides for the representation of the nursing profession on the General Medical Council. This, when one considers how much of the council's time is taken up with purely nursing matters, is only fair. The nurses will be entitled to elect two members of the council, who may be medical practitioners, nurses, or midwives, and who shall sit in the council only when purely nursing matters are being discussed.

The little silver and blue badge of the association is a guarantee of the bona fides of the wearer as a registered nurse. Membership of the association is very jealously guarded.

(Y. Tremble, M.B., B.C. (London), editor of *The South African Nursing Record*, Bulletin No. VI., *The International Council of Nurses*.)

NOTE.—An error was made in the October number when it was stated that Miss Lilian Laurie, Royal Alexandra Hospital, Edmonton, contributed the article, "The Value of the Clinic in the Education of the Nurse." This article was written by Miss Annie Laurie, of the same institution.

Book Reviews

Simplified Nursing, by Florence Dakin, R.N.: 497 pages, Illustrated: J. B. Lippincott Co. Price, \$3.00.

Miss Dakin has given to the world of nursing a book which will fill a long-felt need, by the fact that she has dealt with her subject in such a way that it will be of great service not only to graduate nurses and pupil nurses but to those interested in Home Nursing as well.

Each lesson is clear and concise, with the necessary details stressed and those to be avoided also pointed out. An excellent idea in these lessons is the note giving the articles which may be substituted in place of hospital equipment not likely to be obtained in a private home.

"Simplified Nursing" is a book which should find a place in Nurses' Reference Libraries as well as the home, because it deals so completely with nursing and nursing procedures.

Personal Hygiene Applied, by Jesse Feiring Williams, M.D., Professor of Physical Education, Teachers College, Columbia University, New York City. Second edition revised. 12mo of 414 pages, illustrated. W. B. Saunders Company, 1925: London and Philadelphia. Cloth, \$2.50. McAinsh & Co. Limited, 4 to 12 College St., Toronto, Ont., Canadian distributors.

In reviewing this book, the aim of the author "to be scientific and accurate according to the latest information available," has been realized. The subject matter has been scientifically placed before the student in a simple, interesting manner. The course outlined in the revised edition of the Standard Curriculum by the National League of Nursing Education, composed of fifteen lectures in Personal Hygiene for Nurses, is followed closely by this author. "Health in Education and

Education in Health" is the slogan, and the teaching that "Health results from living in the proper way" is emphasized.

The organization and arrangement of material in each chapter is excellent, specific and easily read. The chapter headings stand out in the index; a summary is placed at the beginning of each chapter. The divisions and sequence are most satisfactory. The chapter really beginning the course, entitled "Muscular and Skeletal Systems," deals largely with "setting up exercises" and splendid illustrations are shown—thus leading the student nurse, just out of high school, from the known to the unknown.

The presentation is clear; the style is interesting, the material is technical, but not too technical; brief, but not superficial.

The book is a convenient size, 6"x8", bound in cloth, durable and dark. The print is fairly large with a heavier and larger print introducing important items. Illustrations, statistics and diagrams are numerous and up-to-date.

The fact that Dr. Jesse Feiring Williams is the author of the "Anatomy and Physiology for Nurses," which is a text book

used in Schools of Nursing in Canada and the United States; and that it is considered by authorities to be one of the most scientific and up-to-date text books on that subject on the market at the present time, is a splendid recommendation for this new edition of "Personal Hygiene Applied." Helpful suggestions in the first five chapters by Professor W. H. Kilpatrick, so well known in educational work, are easily recognized and many suggested reading assignments assist the student in the drawing of information from varied sources.

In the teaching of the subject of Personal Hygiene to nurses, if a text book is used it should be liberally supplemented by assigned readings in reference books, magazines, pamphlets, etc., and the development of the students' initiative and formation of proper health habits stressed.

Dr. Williams' book would be an excellent one to be used as a reference and as a guide by any teacher of hygiene, whether Instructor of Nurses, High School, or Public School.

Its keynote is "to preserve the unity and harmony of life," by the development of a "Health Consciousness."

To British Trained Nurses Now Working Overseas

The College of Nursing and the Nursing Profession

The College of Nursing was founded in 1916 as the professional association representing the British nursing profession and was instrumental in assisting the work of placing the Act for the Registration of Nurses upon the Statute Book.

This Act of Registration aimed at the protection of the public by the standardization of the training of nurses in Great Britain, and by laying down a legal definition of the professional status of a nurse.

Nurses will remember that the period of grace when nurses were allowed to place their names on the State Register without taking the State Examination ended on 14th July 1923.

The College of Nursing allowed a period of grace for nurses to join before insisting upon eligibility for State Registration as one of the essential qualifications for membership. This period of grace ends on December 31st, 1925, when the following regulations come into force:—

On and after December 31st, 1925, applicants shall hold a certificate of three years' training in an approved Training School or Schools and be eligible to sit for the examination admitting them to the General Part of the Register constituted under the Nurses' Registration Acts, 1919, of England and Wales, Scotland, and Ireland.

On and after April 1st, 1928, applicants will be required to submit evidence:—

(a) That they are State Registered and hold a certificate of three years' training from an approved Training School or Schools, or

(b) That they are State Registered, having passed the State Examination.

Any special case not coming within the above rules is reserved for adjudication by the Council.

In 1926 the College of Nursing will have been established ten years. In that short space of time the effects of a powerful professional organization have become apparent to all British trained nurses. Nurses have won for themselves better professional education, status, remuneration and prospects.

There is much to be accomplished in the future, and united effort on the part of the trained nurses of this country can prove to be an irresistible force, and can win for our profession and for those who come after, conditions of service worthy of our high vocation.

Nurses are advised to note the new rules for membership of the College which come into force on 31st December, 1925, and to support their profession by making immediate application to the Secretary, The College of Nursing, Ltd., Henrietta Street, London, W. 1.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

School of Public Health Nursing, University of Montreal

By EDITH B. HURLEY, B.A., M.A., Reg.N., University of Montreal

The New School of Public Health Nursing at the University of Montreal is a co-operative enterprise arising from the need long felt in the Province of Quebec for French-speaking nurses trained in public health. Dr. J. A. Baudouin, Professor of Hygiene at the University of Montreal, and formerly Director of the Bureau of Hygiene at Lachine, P.Q., wished as far back as 1918 to put on a constructive programme of public health work in his municipality, but realized it could not be done without the help of public health nurses.

When Miss Alice Ahern began her duties as Superintendent of Nursing for the Metropolitan Life Insurance Company in the Dominion of Canada, she was already thoroughly conversant with nursing affairs among the French-Canadian nurses, and realized both the need of them and opportunities for them once they were trained in public health. Dr. Baudouin representing the University of Montreal and Miss Ahern the Metropolitan Company were the pioneers blazing the trail which eventually led to the school with whose development this article is concerned.

For a period of more than five years plans were considered and discussed by the two pioneers until finally the help of the City and Provincial Health Departments, and the newly organized Montreal Anti-Tuberculosis and General Health League was enlisted. Each of the organizations mentioned, as well as the Metropolitan Company and the University of Montreal, contributes to the budget and each has a repre-

sentative on the General Committee.

After the preliminary steps assuring the interest and financial support of the contracting parties, the search began to find a directress for the school who could also undertake its organization. The writer was chosen for this important piece of educational work as she had the good fortune to be able to speak French and had had considerable experience in New York City in public health work; being formerly with the East Harlem Nursing and Health Demonstration and, at the time of her appointment, was Director of the Teaching Centre of the Henry Street Settlement Visiting Nurse Service. The University of Montreal made her Professor of Public Health Nursing, thus for the first time in the University's history opening its doors to a woman Faculty member.

The school was formally inaugurated on March 26th, 1925. Representatives of all the contributing organizations were present as well as many prominent health workers and interested citizens of Montreal, Quebec, Ottawa, Toronto and New York. The school was launched with a host of good wishes for its success, and Dr. L. Frankel in his address referred to the occasion as "an historical event."

In connection with the school there is a Health Centre equipped and staffed by the Montreal Anti-Tuberculosis and General Health League. The Centre forms a very definite part of the school and is under the same management. It is used for all our practical demonstrations and the field work radiates

from it. It is our policy to have theory and practice go hand in hand, so that at the end of the nine months' course the student will have applied her theory and had a good amount of field work. We also conduct at the Health Centre, Well-Baby, Pre-School, Pre-Natal and Psychiatric Consultations, where the nurses gain experience in these health activities.

On April 1st a short course of four months was begun, giving experience in field work, but granting no certificate. Four nurses of the Metropolitan staff received scholarships from their company to permit them to take the course.

On September 15th, the regular course of nine months began with a group of twelve nurses. Four of these nurses are also scholarship nurses of the M.L.I. Company: two received scholarships from the Association of Registered Nurses, Province of Quebec, and the others are

taking the course at their own expense. Certificates in Public Health nursing will be granted to all of these students who meet the requirements of the school.

Prospective candidates are expected to be graduates in good standing of recognized training schools and to be registered in the Province. They are also asked to present certificates of good health, good conduct and evidence of a sound educational background.

It is a matter of great satisfaction to the Directress of the school to be able to state that the twelve students now enrolled have met all these requirements and ought to be a credit to their profession when they step out into the field of Public Health to fill some of the places where they are so sorely needed.

(Edith B. Hurley, B.A., M.A., Reg.N.; Directress, School of Public Health Nursing, University of Montreal, Montreal, P.Q.)

Nurses from Europe to Study at Toronto University

A new indication of the international recognition of the standing of the University of Toronto as an advanced centre in public health nursing, and the allied subject of dietetics, is given by the enrollment of a group of foreign students for the course beginning this fall. It is expected that over a dozen European nurses will be at work in the practical and theoretical classes in these subjects within a few weeks. All are studying under scholarship arrangements of the Rockefeller Foundation.

Already six students have registered for the courses. They are Miss Maria Babicka and Miss Schriffner, of Warsaw, Poland; Miss Fialova, of Czecho-Slovakia; Miss Marthe Damman, of Brussels; Miss Marija Gruber and Mrs. Stefanija Paprailiopoulos, of Zagreb, Jugo-Slavia. Miss Gruber, who has reached Toronto, is

a graduate of the Edith Cavell School at Brussels.

"Our public health service in Belgium," she explained, "is still in its infancy. We have been at work for some seven or eight years, but we have as yet nothing to compare with the development in the United States and Canada. We have come to learn all that we can of the methods and ideals of the public health service here so that we may take it home for application there."

Miss Damman has no difficulties with the English language, and comes to Canada with a warm feeling of friendship for Canadians. "I do not feel that I am among strangers when I am with Canadians, for you know, to all Belgians the Canadians seem friends. Even those who saw little of your men during the war have heard, and seen, and read so much that there is a very great love

for your country in all our hearts."

Mrs. Paprailiopulous and Miss Gruber are also graduate nurses, attached to the public dispensary at Zangreb. Mrs. Paprailiopulous explained in French that her primary interest is in the culinary and dietetic departments.

"You see," she said, "our dispensary is really a public clinic as cases of all kinds are treated. Even less has been done in Jugo-Slavia than in Belgium in the development of public nursing. We have done little in the development of proper diets for

tuberculosis patients, for example, and it is specially for that work that I have come to study, though of course I shall not by any means devote all my attention to the culinary department."

Miss Babička has been assigned to duty for a time at the Moss Park nursing centre on Jarvis Street.

Miss Fialova and Miss Schriffner are taking brush-up lessons in English before being assigned to regular study or duty in connection with their courses.—(From The Canadian Hospital, October, 1925.)

Monthly Report of a Toronto Public Health Nurse

By E. W. McKINNON, Reg.N.

We often feel that we do not half appreciate the value of what we receive from the University students in return for giving them their practical work. They come to us, fresh from their lectures, and eager to impart and discuss all the latest theories that they have learned. During the past two months I have had two particularly interesting students and they have been almost as good as a "Refresher Course." We who are doing district work certainly do get sadly behind the times.

The last student has taken the keenest interest in my district, especially in the tuberculosis cases, and has done excellent work with them. Almost her first visit with me was to Mr. S., a tuberculosis patient, who had been given three days leave from the London Sanitarium and who had failed to return. We called several times before finding him at home, but learned that he spent most of the day sitting in the park.

When we finally located him, he told a very sorrowful tale of his anxiety over his young wife, a bride of only two months. As she could neither speak nor understand a word of English, she had not been able to find employment and as their

money had come to an end he was afraid she would get into trouble if he left her alone. He seemed willing to co-operate with us in any way and promised to return to the Toronto General Hospital Chest Clinic that very afternoon, also to take his wife with him and have her examined.

At the clinic his condition was found to be so serious that he was advised to return to the Sanitarium at once. He told the doctor that he was quite willing to go, but that first he must find work for his wife. Several social agencies were applied to, but it seemed quite impossible for them to place her. Mrs. S., though a strong, healthy girl, and an experienced tailoress, was hopeless so far as her English was concerned and no one seemed to want her.

Finally, Miss H., our student, got her own family so interested in the case that her father appealed to the manager of a factory in our district and he promised to try Mrs. S. out. This story ends happily, for on Monday last Mr. S. went to the Hamilton Sanitarium and on Tuesday morning his wife started in at her new work. We are hoping that Mr. S., now that his mind is free from worry, will make a rapid improvement.

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

A Probationer's Week in the Out-Patient Department

By NORA E. SINCLAIR

To our class was given the privilege of being the first probationers to spend a week in the Social Service Department of the Royal Victoria Hospital. For a long time the need was felt for such a course, in order to help the nurses earlier in their training to be in closer sympathy with their patients by having some insight into their home life.

It was carefully planned that only two of us should go to the Social Service Department each week, in order that we might receive individual instruction. We shall never forget the first morning with the Head Worker, who thoroughly explained to us what the Social Service Department in a hospital does for the patients, the hospital, and the community by putting the patients in contact with all the social institutions in the city when the need arises.

The first afternoon we spent in the Out-Patients' Department, and were shown the routine of admitting patients to the public clinics. A brief social history is taken of each patient in order to establish his eligibility for the public clinics, each patient paying according to his means, a clinic fee ranging from 10c to \$1.00 for treatment. The second day was spent in the office of the Admitting Social Worker, who interviews every patient admitted to the public wards, and arranges the fee which shall be paid by the patient while under treatment in the wards. We were amazed at her ability to ascertain their means and ways of living, and what they could afford to pay. A good judge of human nature, with a knowledge of the dif-

ferent racial characteristics, standards of living, and a broad sympathy is needed for this position. We enjoyed the day very much indeed.

Next day came ward rounds with the Ward Worker, who interviewed the patients admitted the previous day, to see whether there was any way in which the Social Service Department could help them and their families while they were in the hospital. Sometimes patients are admitted to the ward before they can make arrangements for their families to be taken care of, and the worker immediately puts the case into the hands of the proper social agencies or the relatives, as the case may be. Patients who are going to be discharged from the hospital are also referred to the worker, who gives them explicit instructions about returning to clinics for further treatment, if so advised by the doctor. She refers patients needing nursing care to the Victorian Order of Nurses; places incurable patients in proper institutions, and the homeless in sheltering homes, etc. If the worker thinks it advisable, after investigation, the patient is sent to the R.V.H. Convalescent Home in Rosemount where the wholesome food and fresh air soon restore her health. Patients from different hospital services are followed up by special workers.

The next day we visited with the Diabetic Worker patients suffering from diabetes. She goes to the homes arranging diets and instructs these patients how to cook the special foods. We also spent a day with the worker following up the tuberculous cases, who are carefully

(Continued on page 596)



Canadian Army Medical Nursing Service

National Convener, of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

The Overseas Nurses' Club of Toronto

The initial meeting of the Overseas Nurses' Club of Toronto was held in the reception room of the sisters' quarters at the Dominion Orthopaedic Hospital, on Thursday, September 10th, Miss Edith Campbell, R.R.C., in the chair. One hundred and twenty-three nursing sisters were present. The details in regard to the formation of the club were first discussed, and this was followed by the nominations for officers. The results of the nominations were as follows:—President, Mrs. D. E. Robertson (Pauline Ivey); vice-president, Miss Gertrude Muldrew; recording secretary, Mrs. Fraser (Georgie McCullough); corresponding secretary, Mrs. James (Helen Drummond); treasurer, Mrs. Driver; executive: Miss Cameron-Smith, Miss Greenwood, Miss Wilkinson, Miss G. Clarke, Miss McCallum, Mrs. Jamieson, Mrs. Bell, Mrs. McLachlan, Mrs. Sheen, Mrs. Givens.

The executive were given power to draft the constitution and bring it before the club as a whole at the next meeting. After a vote of thanks had been tendered to Matron Hartley for her kindness in putting the reception room of the sisters' quarters at the disposal of the club for its meetings, the meeting adjourned.

The second meeting of the Overseas Nurses' Club of Toronto was held at the Dominion Orthopaedic Hospital, the President, Mrs. D. E. Robertson, in the chair. A very large number of sisters were present.

After the reading and adoption of the minutes of the previous meeting, the constitution, drafted by the executive, was read clause by clause, and after several amendments was finally adopted as a whole. The constitution reads as follows:

Article I.—This club shall be known as the Overseas Nurses' Club of Toronto.

Article II.—Its objects shall be: To perpetuate the spirit of service as evidenced during the late war: social intercourse, and the mutual welfare of its members.

Article III.—Its officers shall be: President, vice-president, secretary, corresponding secretary and treasurer. An Executive Committee of from five to ten members shall be appointed.

The conveners of standing committees must be chosen from the executive. The officers and committees shall be elected by the club at each annual meeting, as provided by the by-laws.

Article IV.—The annual meeting of the club shall be held in October. General meetings may be called at such time and place as may be determined by the executive.

Article V.—A membership fee, the amount of which shall be determined at the annual meeting, shall be due in October.

Article VI.—All Nursing Sisters and British Nurses who served overseas and have been honourably discharged from the Army or unit to

which they were attached shall be eligible for membership and shall be admitted on being passed by the executive. Honorary members may be elected by members of the club at the general meeting.

It was moved and seconded and unanimously passed that Matron-in-Chief Macdonald, R.R.C., be elected the Honorary President of the club. It was moved and seconded that

Matron Campbell, R.R.C., and Matron Hartley, R.R.C., be elected Honorary Vice-Presidents of the club. It was decided to hold an annual dinner in November of each year, and a committee, under the convenership of Mrs. Fraser, was appointed to look after the arrangements for the first annual dinner. It was also decided to place a wreath on the Cenotaph on Armistice Day.

Winnipeg

The Nursing Sisters' Club of Winnipeg gave a delightful tea on Saturday, September 26th, in the Antique Shop tea rooms, the guest of honour being Nursing Sister M. Jaffray, of Christie Street Hospital, Toronto, who attended the Amputations Association Convention as its only woman member. The guests were received by the President, and the tea table, centred by flowers, was presided over by Mrs. H. M. Mawhinney for the first hour, followed by Miss E. Aitkin, assisted by members of the social committee. Short addresses were given by Nursing Sister M. Jaffray and the President, Sister A. J. Atrill, R.R.C. Out-of-town guests included Sister M. Jaffray, who holds the Croix de Guerre decoration; Mrs. A. M. Ham-

ilton, of New Brunswick, and Mrs. Hill, of Saskatoon. A delegation from the club welcomed Nursing Sister M. Jaffray on her arrival in the city and a representative of the club gave an address at one of the sessions of the convention. On Saturday evening the President was a guest at the dinner given by the Amputations Association. Some of the Nursing Sisters were at the annual parade service held at Central Church on Sunday morning, when Captain (Rev.) S. E. Lambert, Dominion President of the Association, preached. Members of the club joined with the local branch of the Amputations Association in bidding farewell at a rousing send-off given at the station, when many were leaving Winnipeg on Sunday afternoon for their homes in the east.

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watched, that they are living in the open air as much as possible, and getting the proper food and rest.

The homes from which our children's wards are filled, are carefully inspected before the children are discharged, and the mothers instructed as to their care and feeding. Every child is followed up for a considerable period after being discharged.

We are taught that when the body is sick, the mind is sick, and by spending a week in the Social Service we saw how the workers approached the patients and succeeded in relieving their minds of some of

the burdens of home life. Had we not visited their homes, we could never have realized the conditions in which some of them live. We now understand our patients better, and often are able to make them more susceptible to hospital treatment and improve their mental condition.

Had we not spent this interesting week in the Out-Patients' Department, we could never have realized how beneficial and far reaching the Social Service Department of a hospital can be.

(Nora E. Sinclair, Class 1927, Royal Victoria Hospital, Montreal.)

News Notes

ALBERTA CALGARY

Mrs. De Satge recently returned from Montreal, Que., and Miss Emmett from Rochester, U.S.A.

Miss A. Lyon is spending the winter at her home in Kingston, Ont.

Miss Fraser and Miss Honeywell, of the Victorian Order of Nurses, are taking post-graduate courses in Public Health work. Miss Fraser is attending the University of Toronto and Miss Honeywell the University of British Columbia.

Miss M. E. Lamplough left recently for her home in Montreal, Que. Miss Lamplough has been a member of the staff of the Colonel Belcher Hospital for the past four years and has been granted two months' leave of absence on account of ill-health.

Miss Third, of Edmonton, was in town a few days last week.

EDMONTON

Royal Alexandra Hospital

Some of the graduates of the school met in the Nurses' Home on September 28th, when plans for the reorganization of the Alumnae Association were discussed. The first regular meeting will be held on November 7th, when the nomination and election of officers will take place.

Miss K. Brighty (1917), who has been on the staff of the Alberta Public Health Department, left in September for a year's post-graduate work at Teachers' College, Columbia University, New York.

Miss Christine McLeod (1919), night superintendent, has returned from an enjoyable holiday at her home in Scotland.

Miss Adele MacDonald (1922), who has been in charge of the operating room, resigned at the end of September. Her many friends wish her much happiness in her new life. Miss Mildred Ewing (R.V.H., Montreal, 1915) has taken charge of the operating room.

Miss Florence Buck (1923), who has been a member of the staff since her graduation, was another October bride.

BRITISH COLUMBIA

Vancouver General Hospital

Miss Rhodes, R.N., has returned from Whitehorse to remain in Vancouver until spring.

Miss Currie, R.N., who has been residing in Seattle, is visiting in Vancouver.

Miss Nina Waldron, R.N., 1925, has been appointed to the Admitting Office staff of the V.G.H.

Miss Leila McGinnis, R.N., 1923, recently resigned from the operating room staff and is leaving shortly for San Francisco. Miss McGinnis is succeeded by Miss Muriel McIntosh, R.N., 1925.

Mrs. Buttle, R.N., 1913, has purchased the Aladdin Tea Room.

Miss Ellen Lynn, R.N., 1922, has been appointed to the staff of the Sanitarium in Mexico City.

Rev. and Mrs. Farris (Marion Fisher, B.Sc., R.N.), sailed for China on September 1st, where they will take up their work as missionaries.

NOVA SCOTIA HALIFAX

The annual meeting of the Victoria General Hospital Alumnae Association was held September 28th, 1925. The following officers were re-elected:—Florence A. Fraser, Reg.N., president; Margaret E. MacKenzie, Reg.N., vice-president; Josephine Cameron, Reg.N., secretary; Glen Donovan, Reg.N., treasurer.

Miss Esther M. Beith, Reg.N., Hospital for Sick Children, Toronto, and Public Health, Toronto, who for the past year has been superintendent of the Dalhousie Public Health Clinic, and chief nurse, Massachusetts-Halifax Health Commission, has resigned to accept the position as supervisor of The Child Welfare Association, Montreal.

Miss Edith Fenton, Reg.N., Hospital for Sick Children, Toronto, and Public Health, Toronto University, recently with the Junior Red Cross, Toronto, has accepted the position as superintendent, Dalhousie Public Health Clinic and chief nurse Massachusetts-Halifax Health Commission, Halifax, N.S.

Miss Emily O'Connor, Reg.N., Post Graduate Hospital, New York, 1913, has accepted the position as head nurse, Ward 65, Victoria General Hospital.

Miss Vera Jane Kennedy, Reg.N., graduate Victoria General Hospital, has resigned her position as head nurse of Ward 65.

Miss Vera Goreham, Reg.N., Newton Hospital, 1925, formerly at Camp Devens, Mass., has accepted a position on the staff of the Victorian Order of Nurses.

On Saturday, October 3rd, Miss Edith Fenton, Reg.N., was the guest of honour at a delightful tea given by Miss Esther M. Beith, Reg.N., at the D.P.H.C. The guests included the School, Public Health, Victorian Order, Military nurses and Social Service workers' office staff, V.O.N., M.H.C. and D.P.H.C.

On Saturday, October 10th, Miss Esther M. Beith, Reg.N., retiring superintendent of D.P.H.C., was the guest of honour at a delightful tea given by the Faculty of Dalhousie University. On Monday, October 12th, Miss Beith was the guest of honour at a Bridge given by the D.P.H.C. staff and school nurses and was presented with a handsome desk set.

ONTARIO BELLEVILLE

On 14th-19th the Alumnae Association of the General Hospital held a very successful bazaar in the armouries, at the Kiwanian Karnival. The booths were donated by Dr. Hill and Dr. Cronk and were artistically decorated with the Alumnae colours, purple and gold.

On September 24th a delightful dance was held at the hospital in honour of Miss F. Fitzgerald, who has resigned her position at the hospital and returned to private duty. Miss Fitzgerald was presented with a fitted leather case.

Miss F. Hannah has returned from New York, where she has been engaged on the staff of the Midtown Hospital for the past nine months.

Miss A. Seeney has returned to her position at Grassland Hospital, New York, after spending a two weeks' vacation at Belleville and Sterling.

FORT WILLIAM AND PORT ARTHUR

The regular monthly meeting of the Thunder Bay Graduate Nurses' Association was held on Thursday, October 1st, 1925, at the Nurses' Home of the McKellar General Hospital, Fort William, Ont. The meeting was very well attended, most of the members having returned from their various summer vacations.

The speaker of the evening, the Rev. W. J. Preston, gave a most interesting discourse on his visit to Rome, describing most graphically the many beautiful churches of the Eternal City, and illustrating his remarks with a striking series of photographs.

Miss Vera Russell's pianoforte solo was very much enjoyed, and a dainty lunch served by the McKellar nurses concluded a very pleasant meeting.

Miss Carson and Miss McQuarrie, McKellar General Hospital, have left for Rochester, Minn., U.S.A., where they will enter the Mayo Brothers' Hospital.

Sister Frances, of St. Joseph's Hospital, Port Arthur, Ont., has left for Peterboro, Ont.

Medical men of Fort William and Port Arthur, with those of the districts of Kenora, Rainy River, Thunder Bay and Patricia, comprising the Lakehead District of the Ontario Medical Association, assembled in convention on October 6th, 1925.

Eminent doctors in attendance were:—Dr. A. McPhedran, of Toronto, past president of the Ontario Medical Association, and also of the British Medical Association; Dr. T. C. Routley, of Toronto, secretary of the Ontario Medical Association; Dr. E. D. Busby, and Dr. John MacGregor, of London, Ont., president of the Ontario Medical Association.

The morning clinics were visited at St. Joseph's Hospital and the Railway, Marine and General Hospital in Port Arthur, followed by a luncheon at the Shuniah Club, Port Arthur. Addresses were given by Dr. McPhedran on Cardiac Diseases and by Dr. Busby on Genito-urinary Problems.

The afternoon clinics were held in the McKellar General Hospital, Fort William, and dinner was served at 6 p.m. in the Kaministiquia Club, Fort William, the speakers being Dr. MacGregor and Dr. Routley.

The president of the District Association is Dr. G. E. Eakins, of Port Arthur, and the secretary is Dr. J. C. Gillie, of Fort William. Dr. John I. Pratt, of Port Arthur, is counsellor, and the vice-counsellor is Dr. Gillie.

HAMILTON

Hamilton General Hospital

Mrs. Christian Jensen (Ina Mather), engaged in missionary work in South Africa, is home on furlough.

Mrs. Sandercock (Ina Fellows), who was taken to England from South Africa, ill with sleeping sickness, is improving and soon may be able to return to Canada.

Mrs. Edith Johnson has accepted a position with the City Public Health Department.

Miss Doris Medlen has accepted a position at Simcoe, Ont.

Miss Margaret Moore has accepted a position in Detroit.

Miss Evelyn Almas has left for Montreal to take a course in Supervision in Training Schools, School for Graduate Nurses, McGill University, Montreal, P.Q.

The Misses Roberta Pratt, Gladys Webber, and Gertrude Everett left Hamilton on September 30th for Albany, N.Y.

On October 13th Miss Grace Fairley gave a talk to the Alumnae Association and pupil nurses on her trip to the Congress, International Council of Nurses, in Finland.

TORONTO

Hospital for Sick Children

Miss A. L. Kinder, formerly assistant superintendent of the H.S.C., has accepted the position of superintendent of nurses at the Children's Memorial Hospital, Montreal, P.Q.

Miss Esther Beith, 1914, has resigned her position as superintendent of the Dal-

housie University, N.S., and has been succeeded by Miss Edith Fenton, 1917. Miss Beith is going to Montreal as director of the Child Welfare Association.

Miss Adelaide Ross, 1923, has accepted the position of head nurse in the Infant Ward, Children's Memorial Hospital, Montreal, P.Q.

Grace Hospital

Miss E. Campbell, superintendent, Victorian Order of Nurses, Toronto, addressed the Alumnae Association at the opening meeting on her recent visit to Helsingfors, Finland.

Miss Rowan, superintendent, Grace Hospital, Toronto, attended the annual meeting of the American Hospital Association at Louisville, Kentucky.

Toronto General Hospital

Miss Gunn and the graduate nurse staff of the Toronto General Hospital entertained at tea in the Nurses' Residence on October the 10th, in honour of Miss Lloyd-Still, matron of St. Thomas' Hospital, London, England. Miss Lloyd-Still is making a survey, under the Rockefeller Foundation, of nursing conditions in Canada. Among the guests were: Miss Bertha Harmer, who is now at Yale University School of Nursing; the superintendents of nurses of the various hospitals in Toronto, and representatives of the Public Health, Social Service Departments, the Victorian Order and Visiting Nurses' Associations of Toronto.

Miss Agnes Campbell (1923), who has been doing institutional work in the Illinois Central Hospital, and Miss Meta Gruetzner (1923), who has been in the New York Hospital, have returned to Toronto, where they expect to do private duty nursing.

Miss Betty Grove (1923) has returned to New York, where she is going to continue her private nursing work.

Miss Muriel Locke (1916), who has been in France for the past year, has returned home.

Miss Ethel Cryderman (1916), who has been in England for the past year taking the course at the Truby King Institute in London and the course in midwifery at Oxford, has returned to Toronto, where she has been appointed to the staff of the Department of Public Health as supervisor of the Scarborough District.

Miss Florence Kelsey (1923) has returned from a most enjoyable trip abroad and has gone to the Red Cross Outpost Hospital at Haileybury, Ont.

The members of the September Section of the class of 1923, who were in Toronto, recently spent a delightful evening together at a dinner and theatre party.

The regular monthly meeting of the Alumnae Association was held on Wednesday, October 7th, in the Nurses' Resi-

dence, with an unusually large number of members present.

The outstanding business of the evening comprised the appointment of the new Executive and Social Committees and the discussion arising out of the proposal that the Alumnae meetings be held each month instead of every alternate month.

The members of the Executive are:—Miss Brown (president); Miss Gretta Ross (secretary); Miss Grant, Miss McKinnon, Miss Alice Thompson, and Miss Veitch. The Social Committee is composed of Miss Vera Pearson (convener), Miss Frances Charlton, Miss Reith Young, Miss Jefferson, Miss Holditch, and Miss Stella Sewell.

It was decided to hold meetings every month—each alternate month the meeting to take the form of a social evening. The details of the plans for the latter are to be left to the Social Committee. 'It was felt that all the members would enjoy these opportunities of becoming more thoroughly acquainted, and undoubtedly they will be popular during the winter months.

At the close of the business meeting, Miss Gunn, in her usual interesting and vivid way, told the nurses of Finland, and more particularly the details of the Congress, including the social and business sides, the exhibits and the impressions of the conference. A very hearty vote of thanks was extended to Miss Gunn for making the entire evening so successful. Refreshments were served and the nurses enjoyed a social half hour at the close of the meeting.

The November meeting will be a social one.

QUEBEC

Montreal General Hospital

In the September items from M.G.H., a misprint reported Miss Violet Sampson as second assistant superintendent of St. Agathe Sanatorium, instead of the Montreal General Hospital.

Miss Gertrude Jackson, 1921, superintendent of Woodstock General Hospital, Woodstock, N.B., has been holidaying in Montreal.

The sympathy of the association is extended to Miss Lillian Dickie in the loss of her sister, and Miss Grace MacKay in the loss of her father.

Miss Shirley Bowen, 1922, is on the staff of St. Agathe Sanatorium, St. Agathe, P.Q.

Miss Farol Armstrong, 1920, has been conducting "The Cottage Tea Room" at St. Anne de Bellevue, P.Q., for some time, and hopes to continue in this undertaking.

Miss Nina Howlett, 1923, has been doing relief work in V.O.N. throughout the summer in Montreal.

Miss Anna May Hutt, 1923, has resigned from the staff of the Montreal Maternity and taken a position in the Regina Gen-

eral Hospital, as charge nurse of the obstetrical ward.

At the October monthly meeting of M.G.H.A.A., held in S.O.R. theatre of M.G.H., Mr. Frank Scott, son of Canon Scott, of Quebec City, gave an interesting address on "Some of the Aspects of the League of Nations."

Miss Ethel McNutt, formerly superintendent of the late Dr. Lockhart's Hospital for a number of years, is now taking a course in general anaesthetics at M.G.H.

Miss Agnes Jamieson gave a lecture to the Montreal Graduate Nurses' Association in the new Club Hall at the October meeting on "Travels Abroad," including her trip to the International Congress of Nurses in Finland. The lecture will be finished at the November meeting, covering Switzerland, Italy and France.

Graduates of the Montreal General Hospital who are attending the School of Graduate Nurses, McGill University, 1925-1926, are: Miss Marion, 1919, scholarship from the Board of Management, and Miss Winnifred Cook, 1924, scholarship from the Alumnae Association, who are taking the Instructors in Training Schools course. Miss Helen Hewton, 1921, the Mildred Forbes Scholarship, is taking the course in Public Health Nursing.

The Montreal Graduate Nurses' Association will hold a bazaar at the Ritz Carlton Hotel, November 16th and 17th, 1925, to procure funds toward paying off the mortgage on their new Club House, 38 and 40 Bishop Street. Any out-of-town nurses wishing to contribute in money or articles may address the same to Club House. Mrs. C. Nelson (nee Helen Lough) is general convener of the bazaar; Miss Lucy White, secretary treasurer; Miss Georgia Colley, convener M.G.H. booth; and Mrs. Frank Lamb (nee Elizabeth Anderson) convener of the tea room.

MONTREAL

Royal Victoria Hospital

In the tennis tournament between the nurses of the Montreal General Hospital and the Royal Victoria Hospital, the honours went to the latter after a closely contested match on the courts at the Montreal General, for the cup donated by Dr. A. K. Haywood. R.V.H. teams were: Miss Starke and Miss Barbara Smith; Miss Bain and Miss Macfarlane. After the match tea was served.

Miss Dora Calvert, 1924, has been appointed second assistant in Epworth Training School, South Bend, Indiana.

Miss Mollie Black, 1918, has accepted a position in the Metropolitan Insurance Co. at Winnipeg.

Miss Dorothy Cotton, 1910, and Miss Barbara Widder, 1918, are taking the

course in Public Health at the School for Graduate Nurses, McGill University; and Miss Elsie Alder, 1921, and Miss Winnie Chute, 1925, the course for Instructors.

Miss Louise Ingraham, 1924, is a patient in the new Sanatorium at Ste. Agathe.

Miss Annie Lockhart, 1923, has recovered from an attack of typhoid fever and is with her sister, Mrs. Robertson, Bishop Street, Montreal.

SASKATCHEWAN REGINA

Mrs. Agnes Tanney, Reg.N. (Grey Nuns, Regina, 1922), Department of Public Health, and Helen McCarthy (Grey Nuns, 1923), left Regina on October 1st for St. Louis, Mo., to take a four months' post-graduate course in pediatrics and child nutrition at Washington University.

The Alumnae of the Grey Nuns' Hospital, Regina, met at the Nurses' Home, September 10th, to plan the activities of the association for the coming winter.

Misses Jean Hartz and Edna Cunningham (Grey Nuns, 1922), who have been on the staff at St. Mary's Hospital, Rochester, Minn., have returned to the city to do private duty nursing.

Miss Isabel Stewart, supervisor, Red Cross Outposts, and Miss E. Denton, matron of the Red Cross Outpost at Bengough, spent their vacations at the coast and in Alaska.

The death at Grand Coulee on August 26th of Florence M. Campbell, a graduate of the Grey Nuns' Hospital, Regina, 1915, who had been six years with the Canadian Methodist Mission in West China, caused the very deepest sorrow to her many friends. Miss Campbell had only recently returned to Canada on furlough, and though she had already remained in China one year longer than the usual term in the foreign field, she was looking forward to her return to service in China, for which she had hoped to further fit herself by post-graduate study. Her health, however, had suffered greatly under the strain of the mission field work. News of her death came as a great shock to her many nurse friends, who extend their deepest sympathy to her foster parents.

Mr. and Mrs. J. A. Dunn (Rose M. Wagner, St. Paul's Hospital, Saskatoon), recently left Saskatoon to reside in Detroit, Mich.

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BIRTHS

- ASHBURY—At Detroit, Mich., to Mr. and Mrs. R. Erland Ashbury (Evelyn Haycock, Grace Hospital, 1919), a son, Robert Erland.
- CAMPBELL—On August 31st, 1925, to Dr. and Mrs. Glen Campbell (Kathleen Davis, Vancouver General Hospital, 1919), a daughter.
- COOTE—At Chicago, September 8th, 1925, to Dr. and Mrs. Frank Coote (Vivienne Freeze, Royal Victoria Hospital, 1920), a daughter, Frances Joan.
- COSBIE—On September 25th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Dr. and Mrs. W. J. Cosbie (Margot Fraser, Toronto General Hospital, 1919), a daughter.
- DOWSETT—On August 22nd, at the Belleville General Hospital, to Mr. and Mrs. Harry Dowsett (Emma Trenear, Belleville General Hospital, 1923), a son.
- FELL—On October 7th, 1925, at 320 North Franklin Street, Fort William, to Mr. and Mrs. C. T. Fell (Florence Schofield, McKellar General Hospital, 1922), a daughter.
- LEROY—In July, in Chicago, to Mrs. Charles Leroy (Ruth Morrisette, R.N., Victoria General Hospital, 1920), a son.
- LOVELL—On July 30th, 1925, at Saskatoon, to Mr. and Mrs. Lovell (M. C. Campbell, Saskatoon City Hospital), a son.
- LOW—On September 24th at the Toronto General Hospital Private Patients' Pavilion, to Dr. and Mrs. Donald Low (Doris Van Duzer, Toronto General Hospital, 1918), a son.
- McKAGUE—On September 1st, 1925, at Saskatoon, to Mr. and Mrs. Norma McKague (Gladys Jackson, Saskatoon City Hospital, 1923), a daughter.
- McLELLAN—On June 21st, 1925, at Regina, to Mr. and Mrs. C. F. McLellan (Rhoda B. Johnston, Regina General Hospital, 1917), a son.
- PREUTER—On June 14th, 1925, at Vancouver General Hospital, to Mr. and Mrs. R. Preuter (Phyllis Griffin, Vancouver General Hospital, 1919), a son.
- REDMOND—In September, at Dr. Grey's Private Hospital, Montreal, to Mr. and Mrs. W. M. Redmond (Catherine Dulmage, Montreal General Hospital, 1920), a son.
- ROBERTSON—On September 19th, 1925, at Victoria, B.C., to Dr. and Mrs. Russell B. Robertson (Charlotte Jack, Royal Victoria Hospital, 1914), a daughter.
- SMITH—On August 12th, 1925, at 4133 Drexel Avenue, Detroit, Mich., to Mr. and Mrs. J. G. Smith, a son, Donald McLeod. Before her marriage Mrs. Smith was Florence Hazel McLeod, a graduate of Kingston General Hospital, 1913.
- SPARKS—On September 27th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Dr. and Mrs. W. Sparks (Marjorie Mann, Toronto General Hospital, 1919), a daughter.
- SPENCE—On April 31st, 1925, at the City Hospital, Saskatoon, to Mr. and Mrs. Spence (Jeanette Goodfellow, Saskatoon City Hospital, 1921), a son.
- TELFORD—On September 18th, at Montreal Maternity Hospital, to Mr. and Mrs. Wallace Telford (M. Lomer, Montreal General Hospital), a daughter.
- THOMPSON—On May 13th, 1925, at Vancouver General Hospital, to Mr. and Mrs. R. Thompson (Gladys Perry, Vancouver General Hospital, 1920), a daughter.
- YOUNG—On September 22nd, 1925, at Lamont, Alta., to Dr. and Mrs. Morley Young (Ethel Rolland, Montreal General Hospital), a son.

MARRIAGES

- BOUCK—McGREGOR—Recently, at Edmonton, Phyllis McGregor to Dr. Charles Bouck. Dr. and Mrs. Bouck will reside at 735 Twelfth Avenue West, Calgary.
- BOX—TRIVETT—At Trinity Church, Changsha, China, on October 2nd, 1925, Gladys Edwyna Trivett (Toronto General Hospital, 1919) to Reginald Holyoake Box.
- BRISTOW—BOURNE—On Saturday, October 10th, at St. Stephen's Church, Toronto, Elizabeth Bourne (Grace Hospital, 1915) to H. G. Bristow.
- CALDWELL—RATTENBURY—On September 21st, 1925, at Charlottetown, P.E.I., Elizabeth Hodge Rattenbury (Royal Victoria Hospital, 1921) to James David Caldwell.
- COCHRANE—EADIE—On October 7th, 1925, at 375 Grosvenor Avenue, Westmount, P.Q., Helen Winnifred Eadie (Royal Victoria Hospital, 1921) to Dr. William John Cochrane. At home, Corner Brook, Newfoundland.
- COOKE—GOODWIN—Recently, Bertha J. Goodwin (Belleville General Hospital, 1924), to Percy George Cook, of Belleville.
- CRAIG—WATERMAN—On June 1st, 1925, Ruth G. Waterman (Vancouver General Hospital, 1922), of Summerland, B.C., to John Campbell Craig, of Arnprior, Ont.
- CRANDELL—JOLIFFE—Recently, in Gardena, Calif., Dorothy Joliffe (Vancouver General Hospital, 1920), to Russell Crandell.
- D'EASUM—LUCAS—On August 1st, 1925, at Sardis, B.C., Margery Lucas (Vancouver General Hospital, 1921) to Dr. Leonard D'Easum.
- DICKSON—CROSSLAND—On September 29th, 1925, Miss Crossland (Hospital for Sick Children, 1923) to Dr. A. Dickson.

- DICKSON—STEVENSON — On August 26th, 1925, Lenora Eugenie Stevenson (Toronto General Hospital, 1921) to Dr. Alan Dickson, of Niagara Falls. Dr. and Mrs. Dickson will reside at Amsterdam, N.Y.
- DINGWALL—RICHARDSON — On August 1st, 1925, in Detroit, Mich., Ethel Richardson (Vancouver General Hospital, 1920) to James Dingwall. Mr. and Mrs. Dingwall will reside in Detroit.
- EIGEN—FORBES—On August 27th, 1925, at Newport, N.Y., Dorothy Forbes (Royal Victoria Hospital, 1920) to Richard Frederick Eigen.
- ELLIS—KETCHEN—In March, 1925, in Montreal, Annie G. Ketchen (Montreal General Hospital, 1919) to O. E. Ellis. Mr. and Mrs. Ellis are residing at Bestville, Sask.
- FARIS—FISHER—On August 7th, 1925, Marion Fisher, B.Sc. (Vancouver General Hospital, 1922) to the Rev. D. K. Faris, B.A. Rev. and Mrs. Faris will go to North Honan, China, to undertake mission work under the United Church of Canada.
- FREGEAU—KIDDER—On October 1st, 1925, in St. Patrick's Church, Fort William, Ont., Mary Ellen Kidder (McKellar General Hospital, 1923) to Joseph Victor Fregeau. Mr. and Mrs. Fregeau will reside at 233 South May Street, Fort William.
- GILFILLAN—HUTCHESON—In August, 1925, Mrs. Hutcheson (Hospital for Sick Children, 1920), to Dr. Gilfillan.
- GRAHAM—IRWIN—On July 29th, 1925, Agnes Irwin (Hospital for Sick Children, 1918) to Dr. W. Graham. Dr. and Mrs. Graham are at present in Edinburgh, Scotland, where Dr. Graham is studying for his F.R.C.S.
- HAMMILL—CAMPBELL—On September 4th, 1925, in Chicago, Margaret Campbell (Regina General Hospital, 1923), to Ray Hammill. Both Mr. and Mrs. Hammill formerly resided in Regina.
- HANNA—LONG — At Vancouver, B.C., Helen Long (Vancouver General Hospital, 1922) to Scott Hanna.
- HATCH—BROWN—On September 15th, 1925, in St. Andrew's Church, Vancouver, B.C., Essie Brown (Vancouver General Hospital, 1912) to William Hatch. Mr. and Mrs. Hatch will reside at Britannia Beach, B.C.
- HAYMAN—ROBINSON — On September 11th, 1925, Florence Gwendoline Robinson (Toronto General Hospital, 1919), to Gordon Parker Hayman. Mr. and Mrs. Hayman will reside at Naramata, B.C.
- HELME—AITKIN—On July 30th, 1925, at St. Paul's Church, Vancouver, B.C., Dorothy Aitkin (Vancouver General Hospital, 1924) to R. G. Helme.
- HERRING—PRINCE — On Wednesday evening, September 23rd, in Calvary Church, Dorchester Street W., Montreal, Mabel Prince (Montreal General Hospital, 1923) to Percy Herring.
- HIGGS—GATENBY—On October 3rd, in Victoria, B.C., Bertha Florence Gatenby (Royal Columbia Hospital, New Westminster, 1924) to Richard William Higgs. Mr. and Mrs. Higgs will reside in Victoria, B.C.
- HOBSON—ARNOTT—On August 27th, 1925, at Watrous, Sask., Irene Frances Arnott (Saskatoon City Hospital, 1919) to Frank Hobson. Mr. and Mrs. Hobson will reside at Nelson, B.C.
- HYER—JOHNSON — On February 12th, 1925, at Saranac Lake, N.Y., Pearl J. Johnson (Saskatoon City Hospital, 1919) to Harry J. Hyer. Mr. and Mrs. Hyer are residing in Clarksburg, West Va., U.S.A.
- JACK—SCOTT—On September 15th, 1925, at Westmount, P.Q., Winnifred Evans Scott (Montreal General Hospital, 1915) to James Macpherson Jack, M.D.
- MILLER—STOKKE—On June 20th, 1925, at Saskatoon, S. Stokke (St. Paul's Hospital, 1922) to C. B. Miller, of Watrous, Sask.
- McKILLOP—HORTON—On October 10th at St. Thomas, Frances Isabel Horton (Toronto General Hospital, 1923) to Vernon A. McKillop, of London.
- MENZIES—PRESTON — On September 25th, 1925, at Twillingate, Newfoundland, Beatrice Mary Preston (Montreal General Hospital, 1922) to Dr. Ernest Menzies, of Verdun, P.Q.
- McFADDEN—GILCHRIST — On August 12th, 1925, at Calgary, Alta., Nellie Gilchrist (Saskatoon City Hospital, 1919) to Lloyd Elmer McFadden. Mr. and Mrs. McFadden will reside at Islay, Alta.
- NEWMAN—BURLEY — Mary A. Burley (Belleville General Hospital, 1924) to Arthur Richard Newman, of Belleville.
- O'BRIEN—LUCAS—On September 24th, 1924, Caroline Evelyn Lucas (Royal Victoria Hospital, 1918) to Edward George O'Brien.
- PALMER—BLACKMORE—In June, 1925, Miss Blackmore (Hospital for Sick Children, 1925) to Dr. Palmer, of Brantford.
- PRINGLE—SWANBURG—On September 29th, at New Westminster, B.C., Swea Swanburg (Royal Columbian Hospital, 1921) to James Pringle, of Port Coquitlam, B.C.
- STEWART—LAVIOLETTE—On Tuesday, October 6th, 1925, Grace Christina Laviolette (Women's Hospital, Montreal, 1924) to Donald Stewart, of Strathmore, P.Q. Mr. and Mrs. Stewart will reside at Melrose Avenue, Verdun, P.Q.

THOMAS—FRASER—On September 16th, 1925, at Patricia Bay, B.C., Dorothy Isabella Fraser (Calgary General Hospital, 1925) to Edmund Thomas.

WAYNE—PARKS—At Vancouver, Hattie Parks (Montreal General Hospital, 1920) to Harvey J. Wayne, both of Redbank, N.B.

WEEKS—MUTRIE—On August 9th, 1925, at St. Andrew's Church, Vancouver, Helen Mutrie (Vancouver General Hospital, 1924) to Dr. W. Weeks.

WHITMAN—ESTABROOK—On September 27th, at New Westminster, B.C., Jean Estabrook, R.N. (Royal Columbian Hospital, 1924) to James Francis Whitman, of Sumas, Washington, U.S.A.

WILLETT—BATTLETT—On July 14th, 1925, Elsie Battley (Regina General Hospital, 1919) to Sidney Willett, of Regina.

WILLIAMS—SCHOFIELD—On September 18th, at Templeton Baptist Church, Los Angeles, Calif., Edna Schofield (Calgary General Hospital, 1923) to James Howard Williams, of Los Angeles, Calif.

WILSON—WALKER—On October 7th, 1925, N/S Elizabeth T. Walker (Hamilton General Hospital, 1914) to Thomas J. Wilson, Winnipeg.

WOODS—JOHNSON—On August 11th, 1925, at St. Paul's Church, Vancouver B.C., Beatrice Johnson, B.Sc. (Vancouver General Hospital, 1919) to Prof. F. Woods, of the University of British Columbia.

VAN ETTER—NEWBERRY—At Bellingham, Wash., Edna Newberry (Vancouver General Hospital, 1923) to Dr. Van Etter, of Vancouver.

DEATHS

CAMPBELL—On August 26th, 1925, at Grand Coulee, Sask., Florence Campbell (Grey Nuns' Hospital, Regina, 1915).

MAIN—On July 19th, 1925, Mrs. H. Main (Harriet B. Higham, West London Hospital, Hammersmith W., 1908), wife of H. L. Main, of Regina.

SHEPPARD—On August 28th, 1925 at Tranquille, B.C., Ella Sheppard (Vancouver General Hospital, 1924).

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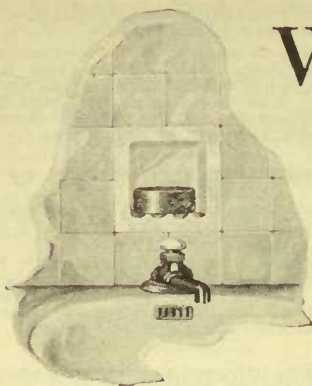
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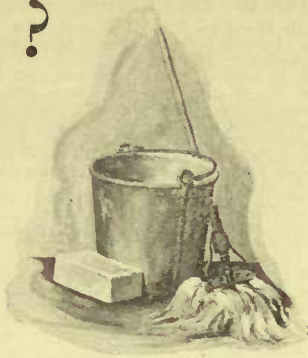
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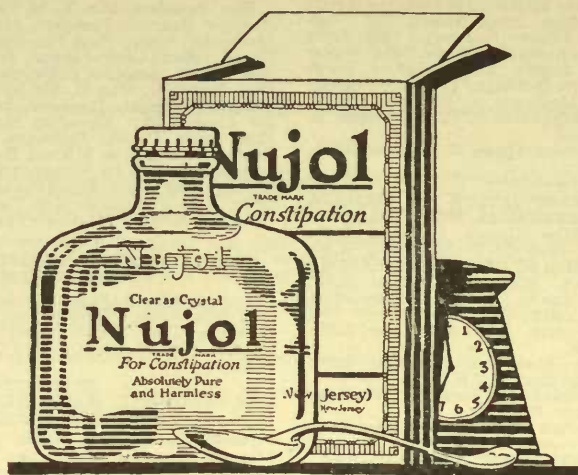
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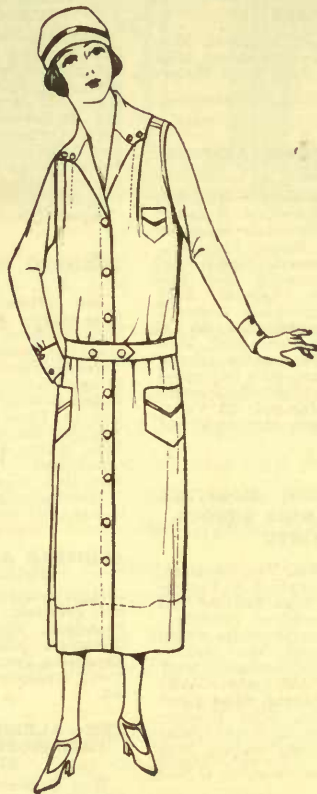
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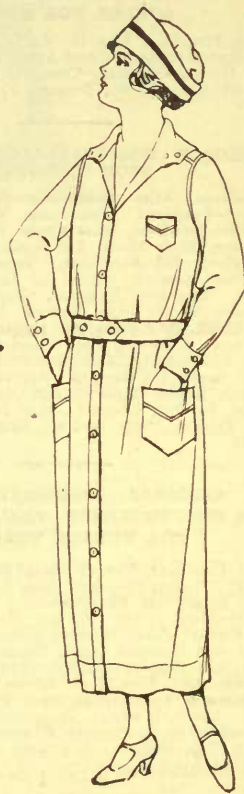
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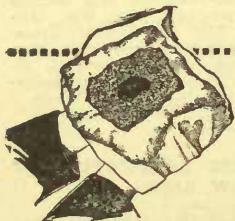
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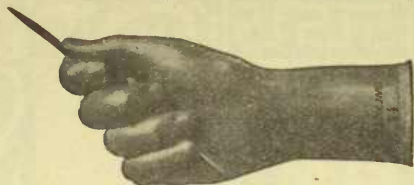
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Protecting and Improving the Health of School Children

By RUBY M. SIMPSON, Reg.N.

School health work is a development of the urge felt all over the world for better health. Physical conditions which a century ago were accepted as a dispensation of Providence, something to be borne with martyr-like fortitude, are now recognized as the direct result of faulty living, and correction and prevention are sought with a zeal of effort not to be thought of by our forefathers. Advances in medical science in the last generation have placed in the hands of the few a vast amount of information which if known and practised by the mass of the people, would be capable of changing to a marvellous degree our health and happiness. How to give this information wide-spread publicity in such a way that it will actually be made use of is the great problem of today. It is surely the reason for the numbers of organized efforts such as we have heard outlined at this conference—the education of the mother in the care, through her own health, for her unborn child; the meticulous maintenance of routine with the infant; the development of this routine into habit training in the “run-about” age—all efforts toward developing a generation which will understand and appreciate the available knowledge concerning health conservation, efforts centred for the most part in the home. There comes a time, however, when the little run-about grows—he becomes six years of age and suddenly he is the school

child, with new and strange surroundings and with new forces taking thought for the ordering of his day. The question, then, becomes, shall his health training continue in the home alone or, because the greater part of his waking day is spent in the process of acquiring what we call an education, has the school a responsibility toward protecting and even improving his physical condition?

Happily, the ideal of education, in its rapid change throughout the past few years, recognizes the training for complete living with the physical, mental, social and moral phases given equal attention and considered equally important. The place of the school as a health force, where all the children of all the people may be reached for a definite period of time, because attendance is compulsory, a place where children expect to be taught, where the teacher is considered as the fount of knowledge and where public opinion runs high and exerts an inexorable influence, is now admitted by all. School health work has become a real part of a school system, not a frill, not a fad, not a one-sided fanatical programme, but an essential in a balanced curriculum. Even with the present constant criticism of the Course of Study and the hue and cry raised because of its over-crowding, one hears no suggestion of less health teaching. Rather one hears an increasing demand for it, but always as a part of a complete programme which will include all phases of school health work.

Many things must be taken into consideration before such a programme can be formulated. Our past experience has proved conclusively that formal instruction in mere health knowledge is not a functioning health programme. Consideration must be given to the child's present physical condition, to his school surroundings and to the nature of health information which may be given him and which he can put into daily practice. No one phase is more important than the other—all are inter-dependent for the accomplishing of one aim—the development and conservation of school health.

The importance of medical inspection of children as regularly and as frequently as possible throughout the school year is now an accomplished fact to such a degree that it seems needless to do more than mention it in passing. All educationists recognize that there is a definite relation between physical health and mental progress. Given equal mental capacity, the rested, well-nourished child, free from hampering physical defect, accomplishes more school work in less time and with less energy expended than the frail, tired little bit of humanity, with an aching molar or perhaps with a much reduced amount of vision or hearing. The latter is all too frequently seen in our schools. Such defects must be removed before the child will be receptive to instruction of any kind and their recognition and correction is the first step toward health improvement. No school system is complete without its medical service, be it the expert full-time attention of the doctor in the city school, the part-time service where funds are less available, or the nurse alone who points out suspicious signs and refers the case to the family physician. Nor is the work complete when such defects are recognized and reported to the parents. Nurse and teacher

must co-operate in a follow-up work which will secure the actual treatment of such defects. This may be a reasonably easy matter in city schools, but it presents an enormous problem in rural districts where finances may be a consideration, but where doctors and dentists are many miles away and perhaps parents are of a different nationality and difficult to impress with the seriousness of the situation. Were it not for the intelligent, active co-operation of women's organizations and the financial assistance made possible by the Canadian National Institute for the Blind and the Canadian Red Cross Society, it would present in the western provinces an almost insurmountable obstacle.

Undernourishment is one of the most common physical defects and is sufficiently serious to merit special mention. At least a few cases are found in every school, some only under-weight for height and age, but others showing all the symptoms—extreme pallor, dull eyes, heavily marked with fatigue circles, listlessness and general nervousness. If all cases were from poor homes and the problem could be approached from an economic standpoint one would feel more hopeful of an early solution. Unfortunately all other contributing factors appear to be equally important. Poor choice of food rather than insufficient quantity, no variety in the diet, unattractive preparation in the home and lack of control as to the child's habits are outstanding. Parents, perhaps from lack of knowledge as to what constitutes a diet for a growing child, provide food utterly lacking in growth elements, pandering to the whims of the child and to his likes and dislikes with no apparent consideration for his health. A glance at a child's lunch box in many rural schools tells the story—bread and cake—an entire carbohydrate diet. Of milk, the essential child food, the

farm homes have a generous supply, but frequently it is given such indifferent care that the child revolts at the mere thought of it, and tea and coffee are allowed freely in its place. The fresh vegetables available in every farm garden are a god-send during the summer months, the children eating them raw if they are served unattractively when cooked. Although much has been done with regard to the school lunch through the addition of one hot nourishing food cooked at the school, the best results can not be realized through feeding alone. The hours of sleep, the amount of fresh air in sleeping rooms, regular daily elimination of body waste and freedom from physical defects are equally important. The monthly weighing may perhaps, too, be given undue emphasis, being considered almost as a corrective measure instead of a means of interest, an incentive toward greater effort in gaining normal weight. The solution of the problem appears to me to be entirely through education. We are teaching the children in the schools the essentials of a proper diet, we are trying to help them form habits which will tend toward normal growth and we do frequently see this teaching reflected in the home. If the education of the mothers in the principles of nutrition could be hastened, probably through agencies other than the school, a valuable contribution would be made to child health.

It is only within fairly recent years that the school plant has been considered as a health influence. Control of communicable disease and the removal of existing physical defects were well established phases of the programme before the care and construction of the building itself were recognized as important factors. Today the hygiene of the school plant must receive attention equivalent to that paid to the hygiene of the child, because the physical condition of the

child is directly affected by physical conditions in the classroom. The old type of cross lighting, with the greater part of the light excluded by opaque blinds, has caused many cases of defective vision. Dry, still air used over and over again without changing, aggravates nose and throat conditions. Ill-fitting desks and seats must distort the pliable bones of the young child and tend toward poor posture, while uncared-for, ill-arranged toilets undoubtedly influence irregular and insufficient elimination of body waste. All health teaching is vain if facilities are not provided so that the teaching may actually be practised. We teach and try to impress the importance of "clean hands before food and after visiting the toilet" in order that by such regular daily practice the incidence of communicable disease may be lessened, and yet we still find schools where washing facilities—a water supply, basins, individual towels—are not considered as a necessary part of the school equipment. We urge cleanliness of person, while frequently the school itself impresses the child with its utter lack of even a pretence at being clean. That schools can be changed in this regard we have proven during the past few years in the Province of Saskatchewan, although it has meant in every case much education of school boards and patience and constant attention on the part of teachers and school nurses. In 1917 only 39% of our schools had any regular arrangement regarding cleaning, while only 1% provided for cleanliness even approximating the ideal. Today it would be difficult to find a school which is scrubbed less frequently than once a month, many are scrubbed every two weeks and a goodly number once a week. During the year 1924 a total of 1,129 improvements in school buildings were reported in connection with the work of the school nurse. Any health pro-

gramme fails of its purpose unless it can truthfully be said that no child will either develop or have aggravated any existing physical condition because of his school surroundings. When lighting conduces to the conservation of vision, when heating and ventilation bring no sense of discomfort, when cleanliness is equal to that of the good home, when desks can all be made to fit the child instead of attempting to fit the child to the desk, when washing facilities are adequate and easily available, when drinking water is dispensed in a clean, sanitary manner, and when toilet arrangements attract rather than repel, we have a school, neither difficult nor expensive to maintain, but wholly blameless so far as the physical child is concerned. Add to this an equipped playground, with space for free play, so necessary in natural growth, and the school may well be said to really protect the child's health.

Classroom health teaching is a subject on which much has been written and which has provided a topic for much discussion among health workers and educationists for many years. What shall we teach? How shall we teach it and by whom shall it be taught—by a special teacher, by the grade teacher or by the school nurse? It is a big subject, a vital subject, and it may well receive much thought. The old type text book teaching Hygiene or what was really formal Physiology was given fair trial and may be remembered by many of us, but few regretted its removal from the curriculum. Health teaching, if presented in such a way that it actually influences the health practice of the school child, is to my mind the only absolutely sure way of making a permanent improvement in health. The essentials are few—the knowledge of the very simple rules of health and the actual daily practice of such rules. It appears very simple. It is so simple, in fact,

that it is frequently neglected altogether. The knowledge of how to be well is not innate in the child—it must be taught similarly to any other subject. But the giving of the information does not guarantee the practice, and here we have the distinction between the old and new type of health teaching. In the Junior Grades we are not at all concerned with Physiology and with intricate and involved health explanations, but all our thought is toward the actual formation of health habits. The appeal to the child interest, the repetition, the satisfaction associated with the response, these psychological principles do not differ from other habit training. If every child in every public school could enter High School with fixed habits of cheerfulness, of proper diet, of sufficient rest, of personal cleanliness, of concern for fresh air, of individual ownership in personal belongings, we need have very little further thought for his physical welfare. This type of health teaching is not confined to definite class periods—it is a part of the whole day's activities—it permeates the whole work of the school. Why should erect posture be taught in a class period when it may be lived at work and at play all through the day? Why need clean hands be given a special class when there are so many opportunities to actually practice the habit? Some class periods are necessary without doubt, but the real teaching is done at all times, in all places, throughout the day. Every lesson is in some way a health lesson and rather than interfering with other work it tends to make other work more interesting. No one need scrutinize a time table to find out how much health is taught. An inspection of the happy, rosy-cheeked, alert children gives the information. By whom is this type of health work done? By the grade teacher, and here we have the crux of the whole school health situation. It is

to the teacher we must look for results, the teacher who knows health, who has it or is striving for it, and who, with determination and enthusiasm, desires it for every pupil in the school.

Such teachers may be secured through an active Health Education Department in the Normal School where live, keen practical teaching is given in the subject; where the first step in the work is to interest the student teacher in her own health. Nothing is really considered of value to us unless we are willing to work for it for ourselves. The teacher who becomes enthusiastic concerning her own health will be equally enthusiastic over the health of the children in her school and it is this enthusiasm which will carry her to success.

The work which I have in mind, in the Normal Schools in Saskatchewan, is in charge of a nurse who has had several years' successful teaching experience as well as University work in Health Education. She knows the province and the schools thoroughly through her experience in the school nursing field, to which she returns each year during the months of May and June for firsthand information as to existing problems.

A routine examination for remediable physical defects, ceaseless effort on the part of the nurse throughout the term concerning such defects until a doctor has been consulted and correction secured; supervision and home calls in case of illness and accidents; a careful planning of the school schedule in order that the student's health may not suffer; co-operation between members of the staff in problem cases where some personal adjustment is required; special nutrition classes for the underweight—all of these are means whereby the nurse arouses the interest of her students in their own health. In addition to this, every

available opportunity is taken to see that every student is actually practising the simple health rules. Her home visits give her access to the homes in which many out-of-town students are living. She insists that such homes provide adequate light, heat and provision for a fresh air supply throughout the winter months. She advises on care and diet in case of illness, and the student comes then to her naturally for advice in all health matters. In every call, every chance meeting, every interview sought, the enthusiastic health nurse finds the way always open to approach the subject of healthful living. She herself demonstrates health and in all her informal work she holds it as an ideal which anyone may reach who desires it.

The formal classroom periods throughout the term continue to instruct in health, always stressing the positive side. The teacher's health—an all too neglected subject—is discussed and practical suggestions given for its conservation. The physical nature of the child is considered and the essential rules of health are worked out in relation to the hygiene of the various systems of the body. Deviations from the normal are pointed out, emphasizing certain simple defects of vision, hearing and nutrition which may be detected by the teacher. School surroundings from a health point of view are given considerable time in class discussion and the teacher's responsibility in the care and procuring of equipment is stressed. With students who have had experience in the schools, these discussions are distinctly illuminating and present actual evidence of the teacher's interest in child health. The school's responsibility in the control and prevention of communicable disease, certain prominent community health problems, the treatment in school accidents—all have their place in this programme.

Real lessons are taught to real children using every means known to secure and hold the interest. Follow-up lessons with the same children serve not only to press the point but to observe results from the first lesson. Much emphasis is placed on correlation with other school subjects and on impromptu, informal teaching. A course of reading is planned and a careful study is made of all recent health literature; posters, rhymes and plays are made by the students and in many cases are taken by them to their schools. In fact every phase of school health effort is worked out by the students in the Normal School, with the result that as well as developing an enthusiasm for health they are also

equipped with the necessary knowledge to carry out the work. The great lesson, however, is that mere knowledge of health is not enough. Health attitudes must be developed and health habits must be lived with a never failing zest and enthusiasm. And zest does not come with a wave of the hand—health cannot be attained by any Aladdin's Lamp method. It comes only through constant vigilance, never ceasing interest and untold effort on the part of both teacher and pupil in conjunction with a balanced, practical, workable health education programme.

(Paper read by Miss Ruby M. Simpson, Reg.N., Director of School Hygiene, Saskatchewan, at the annual conference of the Canadian Council on Child Welfare—September, 1925.)

The Song of the Angels

*Not to the mighty, to the wise or great,
Did God unroll the starry scroll of fate;
But simple shepherds, keeping watch by night,
Beheld the glory break on mortal sight;
And humble ears, attuned to lofty word,
The gracious "Fear not!" rapturously heard,
Angelic prelude to the carol high
That swept with harmony the earth and sky.*

*Once, only once, that song to mortals came—
Divinest spark of music's heavenly flame;
But evermore the deepening echoes roll
In tender cadence through each humble soul;
And simple folk, while keeping watch by night
At duty's lowly shrine, with glorious light
Are flooded as of old from Bethlehem's sky,
And know that Christ, the Lord, is drawing nigh.*

—Ella Gilbert Ives.

— Editorial —

Christmastide

"Love came down at Christmas,
Love all lovely, love divine;
Love was born at Christmas,
Star and Angels gave the sign.

"Love shall be our token,
Love be yours and love be mine,
Love to God and all men,
Love for plea and gift and sign."
—Christina Rossetti.

Once more it is December, and with that word the thought of Christmas comes to mind, and memories joyous and dear, sweet although perchance tinged with sadness, fill our hearts. It is my great privilege, fellow-nurses of Canada, to salute you and bring to you not only my own good wishes, but the Christmas greetings of your own Canadian nurses. A merry Christmas to you, one and all, nurses of Canada!

As I think of nurses at Christmastide decorating the wards, trimming Christmas trees, singing carols and hymns in the early morning, filling stockings and serving dinners in our hospitals, planning little surprises or arranging Christmas treats for the lonely, the sick and the sad, in the homes of the rich as well as of the poor, it seems to me that we nurses are blessed with great opportunities for true Christian happiness. Now perhaps someone may be thinking that this is not the case with her. She is not in a hospital, and an empty purse will not permit of gifts. My friend, a full purse cannot give Christmas happiness or an empty one prevent it. The one thing essential is the "Love to God and all men," of which Miss Rossetti writes. With love "for gift and sign" we can find

many ways of giving happiness, and so giving, we shall also receive our token, the real joy of Christmas.

Peace on Earth to Men of Good Will

Peace follows love, is a result of love, and so when Love Himself came down to earth the Christmas message of peace rang out, to go on echoing down the ages until all men shall be atune with it. Sometimes amidst the strife of men and the busy din of what we call life, it seems impossible to catch the sound of the heavenly strain. But it is not really impossible. If we truly desire to do so we can not only hear it, but have a share in the message. We can, indeed, "seek peace and insure it," not only at Christmas but all through the year, in our nursing associations.

Nay, more, surely we can each do something to further all efforts made to put an end to war, and by doing our utmost to support in every way the work and ideals of the League of Nations hasten the time when the nations of the world shall come "unto the heights of enduring peace."

I think for those of us who were fortunate enough to attend the wonderful International Congress of Nurses in Finland last summer, the term international brotherhood has a depth and reality of meaning unknown before. We have new friends in many lands, friends who are our sister nurses, friends differing greatly from each other and from us in environment, in custom and in tradition. But we have found that to a very large degree our aims and ideals in our chosen profession are identical,

although the methods employed in the effort to reach the aims and attain the ideals differ greatly. We have come into very close touch with each other and have found the essential humanity of different peoples and, finding it, found our kin. And so through the experience of our own league of many nations we have come to a deeper trust and a stronger hope in the future of the world's League of Nations and to a great desire to further its work.

Peace on earth to men of good will, thus the correct rendering. It is well to notice the conditional clause—the will, the desire, the intent: these matter greatly. Man's goodwill is surely the essential reaction of God's gift whereby that gift may be fully possessed and made effectual. Goodwill—kindliness—does this *always* characterize us as individuals or as a body? I think that if we could indeed be nurses of goodwill, not only at Christmas but always, much of the present-day criticism of the nurse would disappear. Such kindliness, it need scarcely be said, is no passive amiability, but an active expression of our love for others, leading us out of ourselves and our “puddles of

comfort,” to quote Bishop Brent, into the full joy of service, teaching us “the loyalty of a great comradeship, the common ardour of a great pursuit.”

In conclusion, may I offer one or two practical suggestions? First, to the nurse in hospital. Try to see the Christmas preparations from the viewpoint of the orderly and ward-maid as well as from that of the patient, and do not overwork them or fail to think of their pleasure. Next, to the nurse who is “waiting for a case”: Give what time you can to one of the many social agencies who need extra help to pack baskets, serve dinners, etc., such as the Y.W.C.A., Salvation Army, a Children's Home, etc. In any of these you could keep in touch with the telephone. Then a word to the married nurse or the nurse who spends Christmas in her own home: Try to do something for the lonely pupil nurse or the still more lonely elderly nurse. So thinking of others at Christmas, may we all learn the *habit* of such thought and thus come to know “the meaning and beauty of thinking and working and playing for a community.”

F. M. SHAW.

International Council of Nurses

In January, 1926, will appear for the first time *The I.C.N.*, a magazine owned, edited and published by the International Council of Nurses. This magazine will be published quarterly, in English, at the International Headquarters, in Geneva, Switzerland.

Articles and studies from the various fields of nursing, as well as contributions dealing with professional problems, will be included. The leading articles will be written by prominent members of our profession in different countries, so that the nurs-

ing news of five continents, as well as information about the work of the Council, will be published in this quarterly magazine.

The success of this new publication will depend on the support it will receive from our members as subscribers as well as on their efforts in obtaining other subscribers. The subscription rate is four shillings, or one dollar, per annum. Subscriptions should be sent to Headquarters, International Council of Nurses, 1 Place du Lac, Geneva, Switzerland.



Mrs. Rebecca Strong, formerly Matron of the Glasgow Infirmary, who introduced the first preliminary course for nurses in her training school. Mrs. Strong celebrated her eighty-second birthday while attending the meeting of the International Council of Nurses at Helsingfors in July, 1925. All the nurses present will remember Mrs. Strong as the outstanding speaker of the Conference. Her speeches were remarkable, not only for the strength and clearness of her ideas, but also for the beauty and precision of her English.

Addresses of Welcome

International Council of Nurses, Helsingfors

I.

By BARONESS SOPHIE MANNERHEIM

Friends: First, let me wish you all welcome to this meeting in the capital of my native land. Many of you have come from far-away countries, have endured long and tiring journeys to join us. We see here representatives assembled from all the countries that are already affiliated with our International Council as well as those from countries desiring affiliation, and who are awaiting our decision as to their eligibility. Thus our organization is enlarging and becoming more important.

At the same time the question of our duties to the nurses of the world rises before us and compels us to take a stand and come to a decision as to our future policy. Shall it con-

tinue on the old pre-war lines, or shall it become more active? In other words, when nurses all over the world claim help and advice, are they to get it from us, the only International Nursing Organization, or shall they be obliged to go to other sources for what they want?

This fundamental question, and many other matters, depends on what this Congress in Helsingfors decides. It is therefore, perhaps, the most important meeting we have ever had since the foundation of our Council. May we go to our work without prejudices, with clear heads and open hearts, and asking help that we may see the right way, where that help is never denied to those who ask for it.

II.

By DR. LEO EHNRROOTH

Your Excellencies, Ladies and Gentlemen: On behalf of the City of Helsingfors, I beg to tender to the members of the International Council of Nurses a sincere and hearty welcome to the capital of Finland.

This day, when nursing sisters from every part of the world have assembled here in Helsingfors in order to resume their international co-operation after an involuntary intermission of more than a decade, is indeed a red-letter day. The Great War, which destroyed so many precious cultural values, also demolished the international organization created and successfully developed by the nurses of various countries. The aim of this Congress is to put new life into those forms which had already been made for the organized co-operation of nurses, and thus to erase all traces of the ravages of war in this sphere, and re-establish those normal relations which existed before the great conflagration.

The Congress in Helsingfors thus marks a fresh start for this international co-operative work, and the inhabitants of our city rejoice in the fact that this important step towards the goal is coupled with the name of Helsingfors.

It is only natural that this remarkable occurrence should direct the world's attention to the nurses' international movement, and to the very praiseworthy aims it wishes to attain.

This applies in quite a special degree to the town and country which are harbouring the Congress. There cannot be any doubt but that this remarkable visit of so many nurses from different countries will have a stimulating and invigorating effect on the people of this country, and extend interest here for the nurses' movement into wider and wider circles.

I am pleased to take advantage of this occasion to express to the representatives of the world's nurses the respect and admiration we all are bound to feel for the devoted, self-sacrificing work which they and their fellow-sisters have done and are doing for suffering humanity—a work which, especially during the terrible years of the World War, made almost superhuman demands on their health and endurance.

You will no doubt be interested in seeing how the people of Finland, under unfavourable conditions and with modest means, are consistently striving in the various fields of social activity, to establish their country's newly attained position as a politically independent member of the free nations of the world.

You are yourselves the best judges of the value of the endeavours and achievements in your own particular sphere, which you may find here. But may I be permitted to say, that should you find that Finland is at any rate not much behind other and greater nations as regards sick nursing and the training of nurses, the credit is to a great extent rightly due to a lady of energy, resource, and initiative from your own ranks, the President of your Council, Baroness Sophie Mannerheim. It gives me much pleasure on this memorable occasion to express our community's appreciation and esteem for her noble and important work.

On behalf of the City of Helsingfors, I wish your Congress every success in its forthcoming tasks.

I should be happy if these few heartfelt words of welcome which I have had the honour of addressing to the members of this Congress have succeeded in convincing you all of the warm sympathy and interest with which our community greets the world's nurses now assembled at an International Congress in the capital of Finland.

The Aims of a Professional Journal

By MARGARET BREAY

If the standard of civilization of a country is estimated by the standard of its literature, then an important aim of a professional journal must be to attain a recognized place in the literary world; to give to the profession of which it is the organ the best that profession can provide; a consistent policy, unaffected by expediency, an ethical standard which will inspire its readers to aim ever higher; also in appearance, in paper, printing, illustrations and production, to maintain a level of which its supporters may be proud. In the case of our own profession to provide for nurses, trained and in training, a voice in the Press, far-reaching, fearless and forceful.

Easy to set down on paper, but how difficult to achieve!

Yet of all the necessities of our profession, this voice in the Press is one of the most urgent. We may have the most wonderful ideas in the world, but if we have no means of imparting them to others there is little prospect of their becoming fruitful.

The supreme importance of an independent voice in the Press was recognized by Mrs. Bedford Fenwick, founder of the International Council of Nurses, with the foresight which has always been one of her most strongly marked characteristics, and in 1893, when opportunity offered, she secured *The British Journal of Nursing*, then the *Nursing Record*, and thus, for the first time in the history of nursing, gave a practical demonstration of the belief she so strongly holds; that to be of real use

to the nursing profession a journal should be owned, edited and controlled by nurses.

It should be the aim of a professional nursing journal to bring to the notice of its readers the latest methods, appliances and discoveries in connection with their work; reports of the activities of the nurses' organizations in their country; matters arising in Parliament affecting their interests favourably or adversely, so that they may be supported or opposed before a decision is arrived at. It should also remind them from time to time of matters of historical importance relating to their profession, as memories of even most important events and personalities are short: for instance, the tale was told by the chairman of the London Hospital that when an appeal was made for a donation to a memorial to Miss Nightingale, the question was asked, "Who was Florence Nightingale; had she not something to do with a lifeboat?"

We heard this morning that in the field of nursing education the difficulty in the way of advance is always the financial one, and the same certainly holds good in regard to a journal run by nurses; it is necessary to aim at placing it on a sound financial basis, and for this it will need to be assured of capital, advertisements, circulation, sales—none of them very easy to attain in sufficiency in these days of keen competition. It is worth many sacrifices, however, in order to do so.

Nurses, as workers, have to face competition with organs in the Press, largely financed by Hospital Govern-

ors, who are their employers. Long hours, small salaries, are in the employers' interests, and a paper which voices the views of the nurses in regard to shorter hours and salaries commensurate with their skilled work, which will enable them to live with reasonable freedom from financial anxiety during their working days and to make provision for the days when they can no longer work, is apt to be regarded as dangerous and to be placed on an *Index Expurgatorius*.

When interests diverge, organs financed by employers naturally express the employers' views, and, if nurses have no organ of their own, it is certain they will be heavily handicapped, for it is not to the interest of the daily press to give valuable space to the affairs of nurses, who are not sufficiently rich to give a *quid pro quo* in the shape of advertisements.

A notable instance of this is that in Great Britain, throughout the whole of the struggle for State Registration of Nurses, the editor of *The British Journal of Nursing* had to contend with a most virulent opposition on the part of the commercial nursing press. It certainly retarded our State Registration for over a quarter of a century; but, registration having been attained in spite of its opposition, it is now on the side of the angels.

I have expressed the view that one aim of a professional journal should be that of high literary merit. It is an honourable tradition with every true nurse to give the best professional service in her power without pausing to ask whether she has given more than the exact equivalent in pounds, shillings and pence. The same thing should hold good in her relations to her professional organ. In my view every nurse should consider it a duty to subscribe to such an organ—by which I mean one owned,

edited and controlled by nurses. Again, many nurses who cannot afford to contribute directly to its financial support have considerable literary ability, and it is always the aim of editors to secure such ability. I put it to those present that they should consider it an obligation of honour to place their contributions in professionally edited journals.

If all nurses exhibited this loyalty to professional ideals, commercial nursing journals, which are frankly out to make financial profit from their expert knowledge and talent, would "fold their tents like the Arabs and as silently steal away" to more lucrative pastures.

It is a curious fact, which I believe every editor of a professional journal in this hall will endorse, that nurses appear willing to write on almost any other subject than that on which they are most qualified to express an opinion. Experiences, fairy tales, descriptive articles, yes, but the average nurse seems to be as diffident as a new probationer in writing articles on practical nursing subjects, concerning which her knowledge entitles her to respect and attention.

In conclusion, I submit that the first aim of a professional journal is, not the making of dividends, important and desirable as they may be, but fearlessly, courageously and forcefully to support and to voice the best interests of nurses, which are the interests of the community, as to the care of the sick, the prevention of disease, and the raising of the standard of the national health.

It is a worthy and satisfying object for a life's work. All honour to those pioneers in every country who have chosen this difficult way.

(A paper read before the International Council of Nurses, Helsingfors, Finland, July, 1925, by Miss Margaret Breay, Assistant Editor, *The British Journal of Nursing*.)

The Basis of Future Child Welfare Work

By H. C. CRUIKSHANK, M.B., D.P.H.

Sir William Osler in one of his public addresses made the statement that the essentials for public health work were, first, enthusiasm, and secondly, knowledge of the subject. Then quick as a flash he amended this statement by adding, "No, knowledge first, then enthusiasm." In what follows there is no lack of enthusiasm for child welfare work, simply a plea for knowledge first and then enthusiasm.

The development of infant welfare work anywhere has followed upon realization of the fact that a large number of babies failed to reach their first birthday: child welfare work on the fact of the failure of many children to reach manhood or womanhood fit mentally or physically to take their place in the world. The realization of these facts has led, all over the American continent to the creation of a new body of workers, both men and women, whose activities cover all phases of the child's life. One of the latest developments is an effort to prevent the entry of the child into the world, another the effort to keep children out of industry—at the very period of life when habits of industry must be developed if they are to be successful—without providing adequate vocational schools to supply the children's need in this direction.

In order to maintain a proper perspective on the problems of childhood it is often well to turn to our elders and hear from them the stories of how many puny babies and apparently malnourished children have grown into strong, apparently healthy men and women. The number is surprisingly high. Turn from the appalling descriptions of conditions reported by Semmelweis to conditions in our own country a generation ago. Bad as they may have been, a surprisingly large number of

mothers survived repeated child-births to bring up and supervise the education of their large families.

When we note a reduction in the infant mortality rate in a city like Toronto, from 139 to 70 during a period in which intensive child welfare work is carried on, the first impression is that we are dealing with effect and cause directly. There may be other factors involved, however. No one questions the value of the child welfare work done throughout the length and breadth of Canada since the war—particularly in the West—so that the following statement from the Dominion Bureau of Statistics, "Vital Statistics Report No. 2," is rather startling:—"Infantile mortality rates for Ontario and the Maritime Provinces in 1922 show a considerable betterment over the previous year, while those for the Western Provinces show an upward tendency." The factors of age and sex distribution of the population at once enter into the problem.

There is a feeling among enthusiasts for health that all that is necessary to bring the infant mortality rate of, let us say, New Brunswick, which in 1922 was 103, down to that of British Columbia, which in the same year was 68, is a corps of physicians and nurses thrown into the field to concentrate on the child from the prenatal period through to adolescence. If that alone were the deciding factor, statistics could be used to prove that the withdrawal of such a field staff would be in the interests of the child. The infant mortality rate in British Columbia in 1921 was 56; with an increased staff and appropriation in 1922 it rose to 68. The rate in Ontario in 1922 was 83. With a more intensive campaign in 1923 the rate rose to 85. Cause and effect are not directly apparent in such figures.

When water purification first became general, in the effort to wipe out typhoid fever, a phenomenon was noticed that was summarized by Hazen, one of the water experts of the continent, as follows:—"Where one death from typhoid fever has been avoided by the use of a better water, a certain number of deaths, probably two or three, from other causes, have also been avoided." Is it not possible that the counterpart of this phenomenon exists for every community project aimed at improving the general sanitation or cleanliness of the community in question?

Of primary importance is the improvement of the financial conditions of any group of people comprising a community. There immediately follow better living conditions and more adequate and varied dietary. A lowered death rate and a sturdier group of men, women and children are the immediate outcome. When, as a result of the improvement in the personal or community economic status, it is possible to carry into effect such community undertakings as the securing of a pure water supply, pasteurization of milk and the protection of all forms of food from contamination, who is in a position to judge the relative parts played by these factors and an intensive child-saving campaign? In our large cities these problems have been so dealt with that further marked improvement waits upon further scientific discoveries. When these community activities have been a factor in the life of the child over a number of years we will be in a better position to evaluate the intensive campaign.

The school medical service of Toronto for years compared the height and weight of their children with tables prepared elsewhere. General dissatisfaction was expressed that children whom a thorough physical examination revealed as fit should be apparently very much under

weight. Carefully prepared tables, compiled from normal Toronto children, showed that undoubtedly there was a tremendous variation in the normal child in different countries, due to environment, racial origin and many other factors. May not the ability to bring children into the world who will survive be just as much dependent upon environment, racial stock, diet, etc., as height and weight? The dog fancier knows that this is so. Certain strains of dogs repeatedly breed healthy normal pups. Others "play out," lose their fertility, or bear young that die prematurely. No amount of attention to cleanliness, ventilation or diet will overcome this, and the wise breeder disposes of his stock and starts afresh.

The biological laws underlying human development are not to be changed by any measures, however intensive. In cities where the infant mortality rate is low, a large percentage of the infant deaths are registered as "congenital malformation" or "congenital debility," in other words a congenital inability to survive in this inhospitable world. Some biological laws are now fairly well determined; about others we know little or nothing at all. Why certain infants should be unable to survive and why certain strains of animals "play out" are questions that as yet are unanswered.

Among the survivors there are many who have come through only after a struggle—what of the next generation? Are our efforts toward the conservation of the unfit or the near unfit tending to perpetuate the abnormal, at the expense of the normal and healthy? Here again, biological laws, of which we know little, will not be overcome, however intensive the effort.

I am drawing attention to these points, not to condemn our present child welfare work, but to safeguard its future. The effort to prevent normal children becoming abnormal

from preventable causes is based on sane economic and health principles. The effort to make the physical or mental defective self-respecting and self-supporting is sound, considered from both the ethical and economic sides. The principles governing these have passed beyond the experimental stage in most cases and can be applied with a fair knowledge of the results that we will achieve.

Our knowledge of genetics is slight and increases slowly. Ten years ago the mental defective was doomed and his children with him to the third and fourth generation. Who today would say as much? Not the psychologist, not the endocrinologist, not the well trained physician!

If it is remembered that the knowledge on which our child welfare work is based is very meagre, then it will be apparent that the bulk of our work along this line is experimental. The experiment that cannot be repeated here, there and everywhere is not the exposition of a scientific fact. Let us bear this in mind and our enthusiasm will not take precedence over our knowledge.

Enthusiasm may lead us into two faults—first, acceptance of unproven principles as the basis of our work, and second, the building up of an organization which in time becomes so strong that when the experiment has failed the structure is so large and so beautiful that it cannot be torn down to rear one that is built on truth and knowledge—someone might lose his job!

If in our work of child conservation we realize the limitations of our knowledge of the physiology of growth, the part played by diet, the principles underlying heredity and the influences of environment, then we can build up an organization based on a sound experimental method, quick to seize upon new facts, ready to adjust itself to results secured elsewhere, striving for the good of the country through the welfare of the child—enthusiasm because the work is based on sound knowledge and secure in the knowledge that its enthusiasm will not lead it astray.

(Dr. H. C. Cruikshank, Assistant Officer of Health, Toronto.)

Labrador

By ELLA M. BUCKBEE, Reg.N.

Labrador is a region of which comparatively little is known, outside of books and articles published by the International Grenfell Association.

It was my pleasure last summer to spend a couple of months on the coast relieving the nurse who was in charge of the Forteau Cottage Hospital, and although not travelling extensively "On the Labrador," I had the opportunity of living and working with the people. The nurses at the small hospitals have the pleasure of meeting all the summer workers passing up and down the coast, as in addition to nursing her patients she is required to extend hospitality to every Grenfell worker or traveller. I may say that

I had many interesting visitors during my stay at Forteau, and enjoyed them all. In this way I gleaned information of the other points along the coast, though not going farther north than Battle Harbour.

The trip out to Labrador covered a period of five-and-a-half-days. That was the shortest time it could possibly take, and was due to splendid connections. There are many stops along the way. We saw our party dwindling down, dropping a dentist here, a doctor there, a nurse and a teacher at another point. My last glimpse of my travelling companion was seeing her landed at midnight and going off with two

fishermen and a lantern into the misty darkness. But I saw her later at Forteau, and she had enjoyed her summer work.

Some ports are left until the return trip, as their harbours are too dangerous to approach at night. There are nine foghorns and light houses along the coast, the fog-horns blowing every two minutes when there is a fog on. Every light has a differently timed number of flashes, this being arranged so that the mariners may know what port they are approaching, as many vessels pass through the Straits of Belle Isle on their way to and from Liverpool. Some of these light-houses were constructed by the Imperial Government, the one I visited being built over eighty years ago. The walls were ten feet thick at the base and the stone was all hand hewn. All of them are now operated by the Canadian Government.

Arriving at Forteau, I found the nurse in charge anxiously waiting her turn to go home to New Brunswick for a well earned rest. With her were many of the people of the hamlet, and the children greet one in their shy but friendly manner. Forteau is situated on a sheltered bay and is the most picturesque place I saw along the coast. The little homes are all painted white. There are two churches, one an Anglican and the other a Methodist, and two school-houses, also Anglican and Methodist. There is also an Orange Hall, while the hospital occupies the central position in the hamlet. At Point-au-More, the entrance to the harbour, there is a light-house, fog-horn and Marconi system.

The people just look like ourselves and the children like those we find in our schools, excepting that malnutrition is much more marked. The nurse, in the few hours left, showed me through the hospital, giving reams of directions about patients, supplies, the help, the customs of the people and left me feeling rather hazy for a while. The nurse's visiting territory extends for ten miles on either side of

the hospital, travelling over this by motor boat in the summer and dogsleigh, or komatik, in the winter time.

In some districts there is sufficient alluvial soil to allow the people to raise vegetables, the chief difficulty being the shortness of the season. Owing to this, such things as cabbages will not head, and we were unable to use the lettuce grown outside until the end of July. The temperature during July and August ran between 58° and 78°, warm enough for summer clothing with a light wrap at night.

In this little village there were about 200 people, 3 cows, 2 calves, about a dozen goats and 20 dogs, at the least calculation. The people are of English and French descent; religious, good-living, honest and friendly. One does not hear of any crime, and there are no magistrates or constables. In fact, there would be little for them to do. The people have no representation in the Newfoundland Government, which does not seem fair, as sometimes they have grievances against outside fishermen, which are not righted. They have never taken the initiative, and there is no leader in these little hamlets. Being desirous of having dogs penned up in the summertime, I called a meeting, and after coaxing for about a half hour, I was able at last to get a chairman. His outspokenness and homely way of placing an argument before his people was most interesting, and as a result of this meeting, a signed petition was forwarded to the Court of Justice at St. John's to be made into law. It is very difficult to find anyone who will take leadership, as they feel that they will be making themselves out better than their neighbours.

You ask why they stay on this bleak coast, scarcely making a livelihood. I asked one fisherman about this. He had taken his family to Montreal for a winter, and procured work there. His answer was interesting—"I could not be shut up in a

factory. My father and grandfather were fishermen and I never feels right away from the sea."

Cod-oil is manufactured in Newfoundland, from the cod livers, rendered down, and is a very important industry, the cod-oil being used extensively in cases of malnutrition, on account of being so rich in vitamins.

There are few really healthy people on the Labrador, tuberculosis claiming many victims. The teeth are in shocking condition, due to want of dental care and the lack of milk, vegetables and fresh fruits. Too much cannot be said in favour of the dental work which has been done during the past two summers by dentists sent out by the International Grenfell Association, but on account of the size of the field only extraction work can be carried on. The excessive use of boiled tea probably accounts for most of the grown-ups complaining of stomach troubles, at least the dropping of the tea habit has helped many. Beri-beri is often found. They have plenty of fresh air outside, but their homes are built air-tight for rigorous winters, and the open window is not often seen.

There are very few cows on the Labrador, as \$60.00 means much to these people, and in order to help out this problem, goats are being introduced into the country by the Grenfell Association. Anyone who makes two floor mats and brings them to the hospital, may have a goat. Seventy Toggenburg goats have been placed on the coast by this Association, donated by a Chicago gentleman whose daughter recovered from tuberculosis after a diet of goat's milk. Goats do not fall victims to this malady.

I must not close without referring to the remarkable work which has been done on these coasts by Dr. Grenfell and his band of workers. Since leaving the North Sea over 30 years ago, he has been labouring amongst these people and they know him as spiritual and medical adviser. There are now five larger hospitals, six cottage hospitals, two hospital steamers, four launches, one orphanage

and school, one public school, one Seamen's Institute at St. John's, and industrial work, including toy-making, rug-making, weaving of cloth, knitting of sweaters, being done from five centres. Dr. Grenfell visits these hamlets twice a year. There were over one hundred volunteer workers on the coast this year, including doctors, dentists, teachers, nurses and industrial workers, college boys from Yale, Harvard or Cornell, who come and willingly build fences, dig drains, run launches or help on the work in many ways. They are only following Dr. Grenfell's example. Twenty years ago when Forteau Hospital was being built Dr. Grenfell helped shingle part of the roof. The Child Welfare Department did splendid work this past summer with their dentist and portable equipment, their medical doctor and nutritional worker, with portable scales for weighing the children. Although these travelling units put up with much inconvenience, they manage to get a good deal of fun out of their ventures. In fact, one old captain has humourously called them "Dr. Grenfell's Savages."

Our return trip was made starting from Blanc-Sablon, on the border between Quebec and Newfoundland Labrador, on board a North Sea trawler called "Labrador," through the Gulf of St. Lawrence to Quebec, this part of the trip taking five days.

Upon leaving the workers at Quebec one of the women students from Cornell said to me, "The Labrador people have done me a great deal of good. I am going back to New York with a much better appreciation of the simple virtues." Can any better tribute be paid to these people? Labrador may be summed up in the following words: "Oh Labrador, it is a wild of doubtful things, such as fogs, bogs and dogs, and appreciated blessings such as sea, rocks, northern lights and gorgeous sunsets, and human hearts, which render true hospitality!"

(Extracts from a paper read before the Public School Teachers' Convention of Wentworth County, Ontario, by Ella M. Buckbee, Reg.N., Hamilton, Ont.)

Alberta's Joint Convention

The joint convention of the Alberta Association of Registered Nurses and of the Alberta Hospitals Association met Thursday and Friday, November 12th and 13th, 1925, in the Palliser Hotel, Calgary.

On Thursday the A.A.R.N. held separate sessions, Miss McCammon, president of the association, in the chair. About sixty members attended and the nursing profession in Alberta was well represented.

Morning Session, Thursday, November 12th

Registration.

Address of Welcome: Miss McPhedran.

Reading of minutes of previous meeting.

Reports of Secretary-Treasurer and Committees.

The report of the International Council of Nurses' Congress, Helsingfors, July, 1925, was given by Mrs. Manson, Royal Alexandra Hospital, Edmonton. Those present were duly impressed with the fact that the next congress will be held in China in 1929. Mrs. Manson suggested the idea of sending student nurses as representatives from the Schools of Nursing. Although at present this does not seem practicable for such a new province as Alberta, it was suggested that a similar idea could be carried out by sending student representatives to the local and provincial conventions.

The association was entertained at luncheon in the Palliser Hotel by the Calgary Association of Graduate Nurses.

Afternoon Session, Thursday, November 12th

Papers read:

The Value of Milk: Miss Hendrie, Dept. of Public Health, Calgary.

Educational Problems in Training Schools: Miss M. F. Gray, University of British Columbia.

Miss Gray, in speaking of the schools of nursing in small hospitals, stated that these schools were not justified unless they had proper teaching equipment and a qualified instructor in charge. Miss Gray strongly advocated Training School inspection, Government grants, and the power of the inspector to withhold the grant from hospitals which refused to adopt modern methods.

Then followed separate meetings of the three sections.

Problems, especially relating to each section, were discussed. Some of the discussions were on: Tariff card for all private duty nurses in Alberta; hospital inspection by a Government official and having a registered nurse in charge. (The Nursing Education Section has already a revised minimum curriculum to present

to the senate of the University of Alberta.) Raising the standard of student nurses' preliminary education to grade IX., with a recommendation of grade X. whenever possible; that the Department of Education be asked to include in the curriculum of the High Schools those subjects a knowledge of which is essential to students who plan to enter a school of nursing at a later date; a Refresher Course at the University next spring. The members of both associations were entertained at tea at the Holy Cross Hospital, where Miss Hall, newly-appointed Western Supervisor of the Victorian Order of Nurses, addressed them briefly on the work of the Order.

Morning Session, Friday, November 13th

Joint meetings were held on Friday, and the morning session opened with a paper, A Hospital Survey, followed by papers on: Institutional Diets; Breakage and Loss: How Far Is the Employee Responsible? Hospital Economics; What the Doctor Expects of the Hospital; The Refrigeration Plant and Food Economy.

Mayor Webster was the guest of honour at a luncheon at noon, held in the Hudson's Bay, by the A.A.R.N.

Afternoon Session, Friday, November 13th

Papers read:

The Need of the Establishment of Old People's Homes in Alberta; General Handling of the Patient and Occupational Therapy.

Nursing Problems in Small Hospitals, by Miss M. F. Gray, University of British Columbia.

Miss Gray again gave a very helpful address, stressing especially co-operation between Matron and Board.

Public Health in Alberta: Dr. W. C. Laidlaw, Deputy Minister of Health.

Dr. Laidlaw emphasized the ideal of the hospital as a community health centre.

At this point the delegates had tea at the Calgary General Hospital, which was followed by a round table conference. A most excellent paper was given by Dr. Smith, Medical Superintendent of the Royal Alexandra Hospital, Edmonton. Dr. Smith brought very clearly and forcibly before the members the advantages of Government grants to schools of nursing and the resultant increased efficiency. He expressed the opinion that with this increased efficiency our schools could ask a fee for education received: a policy which has been pursued at some schools of nursing in Great Britain.

Ideal weather prevailed throughout the convention, and with "Blossom Time" as a theatre attraction everyone spent an enjoyable and profitable time.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

Nursing Service in Hospital Wards

By E. MAE FRASER, Reg.N.

A medical student owning a low, narrow brow, asked the professor, "How long can a man live without brains?" The professor replied: "Wait and see." Just about as enlightening and reassuring would the answer of the nursing profession be if asked: "How long before we can expect an ideal nursing service?"

We may refrain from any futile discussion on the types of service or the comparative cost of employing graduate nurses, and the training school. Nor do we propose to discourse upon the relative merits of the various groups, as doubtless the system of having the bulk of the nursing in hospitals done by pupils will continue for the present.

I will limit my observations to the nurse. I have three reasons for doing so. First, our answer to the call for better service is the better nurse; next, the pupil nurse has the strategic contact with the patient; and third, "It's easier."

If we hold in our thought, as background for anything that may be said about the making of the nurse, the fact that service to humanity is the only apology that the nursing profession has for its existence, it may help to clear the decks and prepare for a frank understanding of the two ideas suggested by our topic: "service" and "nursing."

How may the practical experience on the wards be used to advantage in the education and development of the nurse? How can we help the nurse to acquire—not alone the accuracy in technical procedure commonly known as skill, which, after all, is but an end product of motor

habit—but to gather from her experience its educational value? How, from these experiences, may her intelligence unfold and her power to grasp the possibilities of a situation be born? How may the assets with which our probationers enter training, the freshness and the alertness, the curiosity and the enthusiasm, be carried through the preliminary period, across the grey level stretches of the intermediate year, over the long reaches of the third year, safe and undiminished to the end, and after?

The educational value obtained by a nurse from ward routine depends not alone on her interest, her mental equipment and previous training, but on the intelligence and vision of her teachers.

Let the instructor be scientific, if she may; a psychologist, if possible; a master of pedagogy as she must. But first and always let her greatest study be the nurse. The staff physicians, to the advantage of the students, might give the lectures in anatomy and bacteriology; the principal of the High School those in chemistry; the druggist of the town might teach materia medica; the wife of a staff doctor or some member of the board might be persuaded to teach dietetics; but on the supervisor falls the larger task of interpreting the sciences and applying their principles to the art of nursing. An elderly professor, said to have been covered with honours and titles, who for long had occupied the chair of comparative languages in one of our great universities, was asked what he really taught. He

answered: "I teach reading!" With as fine simplicity may the instructor boast: "I teach nursing."

She is responsible for making opportunities for drill in the various nursing procedures; for seeing that equipment and time are furnished for carrying out procedures in the ward as they are demonstrated in class room; that there is the proper connection between class room practice and between class instruction and the nurses' turn in rotation through the departments. Full advantage of ward cases should be taken to familiarize the student with the clinical aspects of diseases.

The instructor herself must be the thing she professes and proclaims, and must know the end-point for which she works; and, withal, she needs the charm of personality that will render truth, and the principles she advocates, both attractive and desirable. She must know the contributing forces and faculties and qualities that combine and ripen into the perfect woman and the altogether satisfactory nurse. It becomes her to have a clearer notion of causes and results than did the small boy who was found looking with a very serious expression into the face of a kitten held in his arms. A friend noticing the sad and puzzled look said: "Jimmie, don't you love your kittie any more?" And the boy answered: "Yes, I love her; but I was just wondering if when she grows up she will be a dog."

The teaching must go on through the entire training. What the teacher has begun in the classroom must be continued and followed up by supervision on the wards.

The supervisor's chief function is leadership and guidance: not the passing of judgment. She is to be more than an overseer. Out of ward experience the supervisor may assist the nurse in building up intellectual self-possession from what, unguided, would be only routine or caprice.

She must not do all the creative thinking. She must help the nurse to engage her imagination, which is the thing that lifts any activity out of the merely mechanical. If the class and demonstration rooms call for picked personality and fine mental equipment, follow-up work in the ward demands "all that and more." The three big fields of knowledge dealing with human relationships—psychology, sociology and philosophy—need to be drawn upon to supply the supervisor's reserves. Her greatest duty is to keep on growing and extending her own horizon. If her store be rich and bountiful, avenues for releasing her helpfulness will not need to be forced. "We turn voluntarily to those who have to give." She must understand the capabilities and mental preparation and the emotional nature of the nurse. She must study the nurse's strong and weak points with the purpose of helping her. The supervisor will judge and weigh the executive ability of the nurse; her adaptability to the needs of the patients; to the equipment at hand; her ability to adjust to the requirements of the ward and to the larger policies of the department; the ability to work with others, to think in terms of the group, her effective use of time, her skill and promptness in technique.

Growth and development can only take place under right conditions. Only in the normal atmosphere can supervisor and supervised get right reactions. The atmosphere should be wholesome and spontaneous, kindly and sympathetic. If it is, it will be happy and stimulating. The biggest factor in creating such an atmosphere will be the mental and physical health of the instructor. Only so long as such wholesome relations exist can the pupil be encouraged to use her own initiative, to find an outlet for her own creative thinking; and only so can the identity of the pupil's personality be pre-

served. Much care is needed to ensure that the uniformity in methods and procedure that is so desirable and necessary—but which tends toward an undue respect for precedence and custom and tradition—be sufficiently overcome to offset the danger of the pupil having to surrender her individual initiative. Should the supervisor arouse resentment or antagonism it engenders hardness in the nurse, and this hardness will later be reflected in poor work. Criticism should be constructive, and judgments guided by scientific standards. The comment on our supervision in the past—"there has been too much 'super' and not enough 'vision'"—might bear some consideration.

That the relationship between the nursing staff and student decides the nurse's care for the patient, goes unquestioned. That a band of nurses with a high regard for their work is the greatest contribution in promoting hospital morale will as readily be conceded. Can we guide our nurses so that they will be a contradiction to the slur that "efficiency without sympathy is the curse of our day?" Can she be helped to the consciousness that our first duty to the patient is to make common cause with his essential humanness; that the consideration of his mental welfare and comfort is as important as his physical treatment? Would these ensure the patient thoughtful attention and care of detail? Would it banish forever from our halls the picture of the new patient, waiting long periods, in fear and timidity and, perhaps, with an utter sense of "aloneness," while apparently unheeding nurses intent on other duties hurry back and forth, too busy to give a kind greeting? Would they lead to a wiser grouping of our patients in the wards, so that convalescents are not put in close proximity to fresh operative cases or to those suffering acutely? Would they

teach us to study how to save patients from objectionable sights and sounds and smells? Would they suggest the protection of patients from having to witness lavages and painful dressings and deaths? Might they bring us to better planning of work, with patients as the basis of assignment instead of pieces of work allotted the various nurses with the one big object of covering more work in less time? Would more thought and consideration of the patient obviate the carelessness of detail that allows the matter of a lost hat, when the patient is ready for discharge, to induce irritation and rage that overshadows all gratitude for skill and treatment and unrelenting care that has run perhaps through months?

If we could throw greater emphasis on respecting the sensibilities of the patient, on the giving of expert scientific care with better cheer, could we gather our courage to fling some of our vaunted professional etiquette to the winds? Might we even stand aside and let the shades of the old military discipline pass?

Would it help to establish the better spirit so essential in our wards if we believed and practised that there are only two classes of folk in hospital: those who suffer and those who serve? Life's biggest challenge is to be whole-hearted humans.

We would ask for a larger faith in our student body. The great appeal which the nurse's opportunity of adding something to the "Beauty and comfort of God's world" makes to woman has never fallen on deaf ears or closed hearts, nor will it! We can trust the innate "white-handed nobleness" of our young womanhood for that!

(Read before the annual meeting, Manitoba Hospital Association, September, 1925, by Miss E. Mae Fraser, Reg.N., Assistant Superintendent of Nurses, Winnipeg General Hospital, Winnipeg.)

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

The Prevention of Rickets

By HENRY C. SHERMAN, Ph.D.

Department of Chemistry, Columbia University, New York City

Park has recently written: "Personally, I believe that if pregnant women received ample well-balanced diets, in which green vegetables were abundantly supplied and cows' milk was regularly taken, and kept a sufficient part of their time in the open air and sun, and if their infants were placed in the direct rays of the sun for a part of each day and were fed cod-liver oil for the first two or three years of life, more could be accomplished in regard to the eradication of caries of the teeth than in all other ways put together, and that rickets would be abolished from the earth."—(*Dental Cosmos* for February, 1923.)

This declaration of the practicability of complete abolition of rickets is all the more impressive in that it comes from one of the most careful, critical and conservative students of the disease, who deals with it not only under experimental conditions subject to laboratory control, but also clinically under the complexities of actual human experience and whose definition of rickets is notably broad and inclusive. It would be well if this statement by Park could be given at least as wide a circulation as has been given of late to the suggestion that rickets is caused by the eating of cereals.

That too exclusive a dependence upon cereals in the feeding of infants and young children may increase the danger of rickets is undoubtedly true. Whether the cereal in any case has directly injurious action such as to justify the belief that it is "rickets-producing" in any other sense than that it tends to make the diet one-sided and induce a greater gain in size than in bone development is not

so clear. Mellanby's experiments with puppies, from which he draws the conclusion that cereals are "rickets-producing" and oatmeal especially so, are of distinct scientific interest and may perhaps prove to be of practical importance for some parts of the British Isles where cereals and especially oatmeal bulk largely in the diet of a majority of the population and where sunshine is a blessing which Nature but rarely bestows.*

Fortunately most of our readers and their patients or "clients" have access to sufficient amounts of sunshine if they can but be taught to use it; and they also live within reach (both geographically and economically) of food supplies of such adequacy and variety that there need be no hesitation in giving to cereals the place in the diet which their wholesomeness, cheapness and relatively high food value suggest, so long as proper emphasis is also given to the foods which are now well known to be of special value as sources of those nutritive essentials which in the cereals are either lacking or not sufficiently abundant. Fruits and vegetables for mineral elements and for vitamins B and C; milk and the yolk** of egg for mineral elements, vitamins A, B and D*** and the nutritionally important amino acids—these foods, with cod-liver oil as additional insurance as to abundance of vitamins A and D, make us practically independent (at least in regions receiving moderate amounts of sunshine) of any such fear of the cereals as some people seem to have derived from the perhaps excessive publicity which has been given to Mellanby's preliminary

results. It is unfortunate that the newspapers have given so much greater prominence to the merely preliminary indications of a rickets-producing substance in oatmeal than to the evidence which his work affords, in confirmation of much evidence differently arrived at in this country but of similar import, of the positive value of whole milk and fresh vegetables in the prevention of rickets, probably because they contain both a favorable mineral content and significant (though variable) amounts of the antirachitic vitamin.

For the dominant and practically important aspect of rickets is certainly not a matter of a direct food toxicity; it is a nutritional deficiency or perversion which affects particularly the skeletal tissues. As Park has defined it, rickets is a disturbance of the mineral factors in nutrition which results in a retarded deposition of calcium phosphate in the developing bone.

That the fault is not so much in the bone tissue itself as in the serum which bathes and feeds it, is clearly shown by Shipley's demonstration that rachitic bones will calcify normally when removed from the body and placed in a suitable serum.

Analysis shows that in rickets the blood serum is deficient in its content of calcium or of phosphorus or both. Such mineral deficiencies in the blood serum may be due to corresponding deficiencies in the food,

or to losses of calcium, phosphorus, or both, as calcium phosphate in the digestive tract, or to a failure of the body for some other reason to mobilize calcium and phosphorus to the best advantage of the developing bone.

The antirachitic vitamin of cod-liver oil, egg yolk, whole milk and fresh vegetables probably acts by aiding, in some way not yet fully understood, the mobilization of these mineral elements in the body.

Sunlight (or its equivalent in ultraviolet rays from other sources) probably acts by forming antirachitic vitamin from the cholesterol always present in the skin.

The view that rickets is essentially a matter of nutritional deficiency or defect which shows itself in a diminution of calcium or phosphorus or both in the blood serum, and can be prevented by maintenance of the normal calcium and phosphorus content of the serum whether this be accomplished by direct attention to the metabolism of calcium and phosphorus as such, or their more advantageous mobilization through the aid of antirachitic vitamin or ultraviolet rays, or **best** through attention to all three of these phases as recommended by Park in the statement which we have quoted as the opening paragraph of this paper, is so well established and of such well-proven adequacy that attention should not be diverted from it by over-emphasis upon subsidiary phases of the rickets problem.

*We are all familiar with the expression "a fresh day" as applied to a day of refreshing and exceptional coolness in summer time; in Scotland (according to the Century Dictionary) a sunshiny day is a "fresh day."

**We here emphasize the yolk of the egg rather than the egg as a whole because we believe that whatever there may be of danger in the feeding of eggs to young children resides in the white of the egg (which seems responsible for such anaphalactic phenomena as has been adequately described) and that the yolk contains much the greater part of all the nutrients in the egg which are important

to the child—the iron, calcium and phosphorus, the vitamins, and proteins which furnish the nutritionally essential amino acids for conversion in proteins of muscle, blood and bone. Since the child is not growing feathers, it cannot make the same good use as does the chick of the **extra** protein contained in the white of the egg.

***For convenience, we here follow the growing custom of using the letter D for occasional brief designation of the antirachitic vitamin.

(Child Health Bulletin, September, 1925
—The American Child Health Association,
New York City.)

The Care of the Mother

The health and protection of the mother is the basis for the health and normal development of her child. Make safe the first 18 months of your baby's life—9 months before he is born and 9 months after—and his future will be comparatively free from danger.

The health of mother and baby depends chiefly upon sufficient income properly expended, wholesome living conditions, good health and right living on the part of the parents, protection of the expectant mother from overwork, worry and under-nourishment, proper care during pregnancy and confinement, adequate rest during the lying-in period and breast feeding for the baby. A doctor should be consulted as soon as the mother thinks she is pregnant and visited at least once a month until the sixth month and then every two weeks. Urinalysis should be made at every visit.

The diet should be plain and wholesome, including fruit, fresh vegetables, eggs, cereals, meat not more than once daily, potatoes, bread, simple desserts and at least a pint of milk a day. Drink plenty of water,

at least six glasses daily. Constipation should be avoided by eating laxative foods such as ripe and stewed fruits, cereals and whole wheat bread. Do not use strong cathartic medicines.

Frequent bathing is especially important during this period. Careful attention should be given to the teeth.

Eight hours of sleep at night in a well-ventilated room and an hour's rest each day will help the mother to keep well and strong. She should live out of doors, as much as possible. Regular exercise is necessary for good health. Simple housework is often beneficial although lifting or straining should be avoided.

Mothers should know that the baby cannot be "marked" by any fright or other experience. Worry and nervous strain will lower the baby's vitality, but will not mark it.

During confinement the mother should have the best medical care available. After the baby comes she should rest in bed at least ten days and as much longer as the doctor advises. Full housework should not be undertaken for at least six weeks.

European Nurses Studying in Toronto

Six European nurses are enrolled at the University of Toronto, and two in the Training School for Nurses of the Toronto General Hospital.

At the University are: Miss Babicka, from Poland; Miss Komorska, from Poland; Miss Kulezynska, from Poland; Miss Damman, from Belgium; Miss Fialova, from Czechoslovakia; Miss Gruber, from Jugoslavia.

At the Toronto General Hospital are: Mrs. Papailiopoulos, from Jugoslavia; Miss Schiffrer, from Czechoslovakia.

The six at the University are all graduate nurses and are working for

the Diploma in Public Health Nursing. The two at the General Hospital are also graduate nurses, but have gone to the hospital training school for additional teaching in special subjects, particularly in the maternity, dietetic and out-patient departments. All of these eight nurses have received fellowships from the Rockefeller Foundation, and each is preparing for a special post in her own country upon the completion of this post-graduate work.

(The above announcement has been received as a correction to the article which appeared on page 592 of the November number.)

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

Christmas in the Wards

By OLIVE C. PRIMROSE

On a Christmas card last year there was this verse:

"From quiet homes and first beginnings
Out to the undiscovered ends,
There's naught that's worth the wear of
winning

But laughter and the love of friends."

We are appropriating it for this, our first Year Book, because it has truth. Nothing but "love and laughter"—happy memories—stand the years. Much else is won; much else remains; nothing but these console.

"Christmas in Exile"—over and over again it has been pictured and sung. We cannot forget the War Christmases. They were dominated by the fighting spirit, the pluck that laughs at pain—and that, wherever it is found is more heart-breaking than all "complaints." It was faith in laughter that drew Bairnsfather's cartoons—faith in love that made Christmas in the trenches.

There are two tributes to the Nursing Sisters which you may not have heard. One says much for the gay, cheeky energy of the British Tommy. It was sewn in large wool letters on a gray blanket and greeted the day staff as they came on duty on Christmas morning:

"May the angels above and the devils
below
Protect Canadian Nurses wherever they
go."

The other, dropped from an airplane, was in French:

"Greetings—

"To the Officer Commanding, Officers, and Men . . . and to the Nursing-Sisters, whose shadows flitting between the tents, make our flight poetic."

In war or peace, Christmas in hospital is very faithfully remembered. Here is a Bluecap's account of her first Christmas on the wards:—

December 25th, 4.45 a.m.

" . . . and you know perfectly well it took you a quarter of an hour yesterday to arrange your bib."

No "Merry Christmas, darling, I've just run your bath," . . . only the end of a short lecture on early rising—these were the first words I heard on Christmas morning.

The world is dark at five o'clock and Romance is dead. Still, that warning reminder of the struggles of yesterday, combined with the pride which the mention of a bib still evoked, brought me to my feet. To the lay mind there may be something humorous about people actually getting up at five a.m. to sing carols. At the moment I couldn't see it. Grimly I struggled with a refractory collar button.

The voices of the carol singers floated down to us—borne very clearly through the silence of the deserted corridors. There is something curiously stirring in the rapturous triumph of those opening notes: "Hark, the Herald Angels sing."

The singers paused on a landing, grouped outside the doors of the ward—open—beyond the long ward in darkness—the long lines of beds—and the Faithful, listening. Faint at first the chorus of voices floated to them—coming nearer, clear and joyous, fading in the distance into silence again.

The patients who helped with the breakfast that morning served cornflakes and oatmeal with a pomp and ceremony that glorified both. Afterwards everyone shook hands heartily with everyone capable of shaking hands. What a blessing it is that everyone, from a Siamese up (or is it down?) understands a handshake! Nothing to us that only the day before we had hotly protested Mr. Lavinovsky's right to have his ancestors—for several generations—as well as his descendants—also for several generations—grouped round his bed. Nothing to him that he had with his own eyes seen us remove that parcel of cream puffs. There had been words—but that was all past now. It was Christmas; it was Noel; it was Peace on Earth—Goodwill to Men.

Smiling faces greeted the hot water and soap parade. Smiles even from those who seemed never to have outgrown a certain, one can almost say childish, aversion to the great twin brethren.

And when the ward was, as a compatriot of mine has it, looking like a million dol-

lars, the tree in the centre was stripped of its spoils. It was a great success, for they were very happy with their presents. I suppose there were a few mistakes. One horny-handed son of the soil was found ruefully contemplating an unfortunate combination of talcum powder and pink notepaper.

In the children's ward, of course, the wildest enthusiasm reigned, and the honours of the day were faithfully performed. When has Santa Claus tolerated pain or poverty or despair? But then, Christmas is the possession of children. You may think you have recaptured all its joy—your heart may be singing but it is a quiet, peaceful little tune. Reminiscent, only reminiscent. Do not be deceived. When that first guilty doubt assailed you—the first time those stories of chimney and reindeer seemed to conflict, you could have heard, if you had listened, the clang of the Golden Gates. And never again—you will never have these again.

"Do look at old Colontonio!" someone urged. Colontonio was caressing, there is no other word, a red bandanna. Evidently we had made a real hit there: colour, spots, and all!

The magnificence of a turkey dinner

eclipsed all other glories when the trays appeared. A proper banquet.

It was followed by an hour or so of comparative peace. There ought to be a quotation about good food and contentment, but if there is I cannot remember it, and the picture was unforgettable. The tree in the centre; the holly on the walls, and the winter sunshine falling on the two long rows of model patients, asleep.

It was the Christmas spirit that welcomed the visitors that day—but it was Authority, tired to the point of tears, that ushered them out. Christmas was over. The decorations were a little bit askew. There were several sprigs of homeless holly. Outside in the snow solitary figures, caps pulled down and coat collars turned up, were hurrying towards some doorway with a light over its knocker. Night was settling over the city and the sleigh bells chimed out of the darkness.

There is something compelling about the spirit of Christmas. Something that makes short work of racial distinction and foreign tongues. It is understood and taken into the heart, known of all—Barbarian, Scythian, Bond or Free—the faithful.

(From the Year Book, 1925, Royal Victoria Hospital, Montreal.)

Home Nursing Classes, Toronto

An interesting event at the Red Cross Lodge, Christie Street Hospital, Toronto, was the function given in honour of the nurses who gave voluntary assistance in conducting home-nursing classes last year in Toronto. Appreciation of the work was expressed by a number of speakers representing organizations which had benefited from the home-nursing classes. The chair was taken by the president of the Toronto Red Cross, Mr. Lyman Henderson. The director of the health department of the Red Cross in England, Mrs. John St. Loe Strachey, wife of the editor of the London Spectator, spoke briefly on the public health programme in England, and extended greetings to the Canadian Red Cross.

Among others who addressed the gathering were Dr. George Smith, Dr. Ruggles George, Colonel Noel Marshall and other Red Cross officials who were present.

The guests were received by Mrs. T. Albert Brown, Mrs. T. A. Richard-

son, convener of the home nursing classes, and Miss Jessie L. Goodman, director of the classes.

It was stated that 73 classes were conducted last year in Toronto, and that 1,085 women received valuable instruction on the prevention of disease and on the care of the sick in the home.

It was pointed out by Dr. George Smith that the success of the work was due to the splendid co-operation which existed between the nurses and the members of the home nursing classes. Dr. Ruggles George stressed the importance of giving instruction in the simplest health rules for the home, and complimented the nurses on the gratifying results of the work.

At the tea hour the table, lovely with pink roses, was presided over by Mrs. T. Albert Brown and Miss Laura Holland, with a bevy of pretty assistants in Red Cross uniforms to look after the guests.



Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

CHRISTMAS! A magic word of memories! It carries us back to gaily-bedecked wards dotted with blue-uniformed figures. Visions of patient suffering and noble sacrifice crowd in upon us, make the heart catch, and the mind pause with a strange nostalgia. Almost does Christmas seem a lens adjusted to our focus, to allow the pictures of memory to flood the mind: here a tent, there a hut, in every unit a Tree around which cluster faces alight with the joy of service. Here are lumpy gifts, socks and such, packages of fags and 'baccy. Laughter, pungent laughter, is not wanting . . . yet how little it allays the poignant pain!

Soon the picture changes and there comes a new perspective. The traits of yesteryear have grown, like the pine tree, deeper rooted, wider branched, with new depths of understanding, breadth of vision, heights of spirituality. CHRISTMAS! Hallowed word of memories . . . take your age-old message to all "whose hearts remember how."

MARGARET MACDONALD,
Hon. Convener of the C.A.M.N.S. Section.

Red Cross Port Nurseries

By N/S VIVIAN TREMAINE, Port Nurse, Quebec

The Red Cross Port Nurseries were started at the close of the war for the reception of the soldiers' dependents at the points of debarcation: Quebec, St. John, and Halifax. They were found to be such a very great boon to the mothers and children that the Department of Immigration asked the Red Cross to continue the work. As it was felt that much good and a certain amount of health work could be done, the Red Cross decided to carry on as a part of its Peace Time Policy the work of meeting, welcoming and doing all

that was possible for our new citizens on their first day in Canada.

If you could come with me to the Immigration Building at Quebec some Saturday or Sunday when we are expecting, let us say, the "S.S. Montnairn," this is what you would be likely to see: A large bright nursery, well equipped with cots, beds, small red tables and chairs, larger wicker chairs for the women; bright coloured posters on the walls, also beautiful fairy-tale pictures; a small kitchenette, fitted with everything necessary for making "the best cup



THE RED CROSS PORT NURSERY AT QUEBEC

(The smaller boys and girls were delighted with the tiny red chairs and tables where their milk and biscuits were awaiting them).

of tea we have had since we left England," with plenteous supplies of milk and biscuits, sterilized bottles for babies' food, etc.

When the immigrants have passed the civil and medical inspection, which have been somewhat of an ordeal to a woman with perhaps a family of five or six cross, tired children, they come downstairs and are brought to the nursery, bag and baggage, by the I.O.D.E. voluntary workers: have a cup of tea, and rest till the time for checking baggage. The children have milk and biscuits and the babies their own special food. There is a washroom where the babies can be bathed if needed.

While the mother is resting the nurse has a chance to have a little talk; takes the address, number and ages of the children; notices any physical defects; finds out what help is necessary and, incidentally, often

hears of many little difficulties that can be rectified. This information is later sent to Headquarters, and, if at all possible, the family will be visited shortly after arrival at their future home and put in touch with the Child Welfare clinics, etc.

The "Canadian Mothers' Book" and various health leaflets are given to the mothers, and a "Welcome" card to every newcomer, as we have them in almost every language. Just here I might say that we have a young Russian lady who speaks many tongues and it is her special duty to look after the foreigners and help them in every way.

A surgical dressing table is always in readiness, in case of an emergency; frequently there are minor dressings to be done, the doctors send various cases to be attended to, and all sorts of small ailments are treated by the nurse, a doctor being called in cases of necessity.

Much credit is due to the Imperial Order of the Daughters of the Empire. Two members of the Order are in attendance after the arrival of each ship. We are kept well supplied with magazines, babies' layettes, and clothes; and a small post office is run by them for the benefit of the immigrants.

The follow-up cards for 1924 were forwarded to the Provincial Divisions as follows:—

| | |
|------------------------|-------|
| British Columbia | 224 |
| Alberta | 342 |
| Saskatchewan | 597 |
| Manitoba | 227 |
| Ontario | 1,902 |
| Quebec | 332 |
| Nova Scotia | 17 |
| New Brunswick | 22 |

Total 3,663

The following statistics from the report of 1925 may be of interest to the reader:

| Nursery | Ships | Cared for in Nursery | | Women cared for | Treatments | Cards |
|----------------|-------|----------------------|---------|--------------------|------------|-------|
| | | Children | Infants | | | |
| Halifax | 183 | 805 | 226 | 1,075 | 253 | 253 |
| Quebec | 175 | 12,227 | 1,350 | 10,031 | 155 | 2,918 |
| St. John | 33 | 2,320 | 289 | 1,401 | 98 | 492 |
| Total | 391 | 15,352 | 1,865 | 12,507 | 506 | 3,663 |



A FAMILY GROUP OF IMMIGRANTS FROM
CZECHO-SLOVAKIA.

News Notes

MANITOBA

On the afternoon of November 11th the mezzanine floor of the Marlborough Hotel was the scene of a very enjoyable tea, attended by members and friends of the Nursing Sisters' Club. The guests were received by the president, Miss A. J. Attrill, R.R.C., and the convener of the Social Committee, Mrs. J. H. R. Bond,

R.R.C. The tea table, centred with poppies—the emblem of the day—was presided over by Mrs. G. W. Parker and Miss A. Baird. Throughout the afternoon very enjoyable pianoforte selections were played by Mr. Digby Tomlinson, a blind pianist. Several out-of-town and new members were present and much credit is due the Social Committee for their continued splendid work.

Canadian Nurses' Association

The members of our federated associations will recall that in September a circular letter from the National Office was received in which the associations were asked to inform the Executive Committee C.N.A. what methods had been used by them to influence a larger number of their members to become subscribers to The Canadian Nurse. From replies received the Executive Committee selected the following for publication:

"Madam: In reply to your inquiry re the most successful methods of securing subscriptions to The Canadian Nurse:

The Treasurer of the Montreal General Hospital Alumnae Association kindly consented this year to receive subscriptions with the annual dues and forward them direct to you; this resulted in some sixty new subscribers.

"The Executive Committee plans to appoint a special committee for the coming year to interest more members in subscribing.—Yours sincerely,

(Sgd.) "A. WHITE,

"Corresponding Secretary,
"Montreal General Hospital A.A."

Book Reviews

A Short Life of Florence Nightingale. Abridged from the Life by Sir Edward Cook, with additional matter. By Rosalind Nash, Toronto. The MacMillan Company of Canada. Price \$3.50.

Miss Nash has carried out the idea that Sir Edward Cook had in mind, of writing the story of the activities of Florence Nightingale in shorter form. Sir Edward Cook died before the task was accomplished and Miss Nash took up the work. Her book contains all the important parts of the original work, and from material made public during later years she has added some fresh passages of interest. She has also corrected some statements that gave wrong impressions of the character and actions of this famous woman.

The story is of interest to all members of the nursing profession. To them "The Lady with the Lamp" has been an inspiration and they owe to her the revolution which has taken place in the care of the sick, and the recognition of nursing as a profession.

The life of this great woman from her earliest childhood shows how her inclination, character and experience prepared her for her task undertaken in connection with the Crimea, which resulted in saving thousands of lives, and reduced the suffering of the sick in hospitals throughout the world. The tale is unfolded of difficulties met and overcome. She won the respect of officers and men, and when she returned to England, a notable figure, all classes of men and women expressed their admiration and esteem. Her disclosures regarding conditions existing during the war led to inquiries being held, and this resulted in provision for the health of the soldier in peace as well as war. She was consulted in many matters relating to public health and her opinions were treated with respect. She established a training school for nurses which led to the development of similar schools all over the world. She maintained her interest in her life work, although her activities were curtailed by illness, until the day of her death.

The book is one which should be read by everyone interested in nursing. It is the biography of a great woman whose good works live after her and continue to spread her fame, and which shall be an inspiration to all who read it.

Ethics: A Text Book for Nurses. By Charlotte Tally, R.N. G. P. Putnam's Sons, New York and London. Price \$1.50.

Miss Tally has held the position of Superintendent of Nurses in various hos-

pitals in the United States, and has acted as Chairman on Education, Montclair, Federation of Women's Clubs. She acknowledges her indebtedness for criticism and endorsement of her work to Augustus S. Downey, LL.D., Assistant Commissioner and Director of Professional Education of the State Department of Education, Albany, N.Y.

In her introduction she stresses the importance of making the teaching of ethics in training schools more practical, and suggests methods that have been tried with success by educators. To furnish a background for ethical questions she has condensed material from reference books and general ethics, and hopes to stimulate interest in the more detailed books on ethics.

She discusses her subject in nine chapters, each chapter being briefly summarized. There is a helpful index at the end of the book. In the first chapter on the origin and development of ethics she traces the development from primitive society to the present century, which leads to a discussion in the second chapter of Modern Ideals and Standards, which she thinks are higher now than in the past. In the summary in this chapter we learn that woman has an equal place in the world with man, that moral control has replaced control by force, but that moral progress has not kept place with advances in other directions. The first half of the book includes chapters on Individualism, Self and Others, and one on Judgment, Will and Habit.

The second half is taken up with discussions on Ethical Values, Life's Essentials, The Quest of an Ideal, and the last chapter applies the principles of ethics to nursing as a profession.

Eye, Ear, Nose and Throat Manual for Nurses. By Roy H. Parkinson, M.D., Visiting Oculist and Aurist to St. Joseph's Hospital, San Francisco, Cal. Illustrated. The C. V. Mosby Co., St. Louis, publishers.

Training schools for nurses have long felt the need of a text-book on the anatomy and physiology of the eye, ear, nose and throat, and also on the nursing of patients suffering from conditions involving these parts of the body.

This little work gives the essential requirements in the anatomy and physiology without going into unnecessary detail. The sections on nursing are particularly valuable. As a text-book for nurses it is to be highly recommended.

News Notes

ALBERTA CALGARY

The Private Duty Section of the A.A.R.N. met in the Y.W.C.A. parlour on November 4th, with a good attendance.

Miss Barbour was called to her home, Balmoral, Man., on account of the illness of her mother.

Miss I. Lunn, of Seattle, is visiting friends in the city.

Miss K. Lunn, Reg.N. (Calgary General Hospital, 1924), left for her home in Stratford-on-Avon and will remain abroad indefinitely.

Mrs. A. Lander (Miss Greenwood, Holy Cross Hospital, Calgary, 1924), has returned from Toronto, where she had been called on account of the illness of her mother.

Much credit is due the convener and her committee for the delightful Hallowe'en dance given in Al. Azhar Temple. One hundred and twenty dollars were realized.

EDMONTON

The first regular meeting of the Alumnae Association of the Training School, Royal Alexandra Hospital, for 1925-1926 took place in the Nurse's Home on November 2nd. Thirty graduates of the school were present. After the election of officers a social hour was enjoyed by all.

The Nurses' Home was alive with merriment on the night of October 31st, when the student nurses together with the staff nurses took part in a Hallowe'en party. The decorations were artistically carried out in black and gold. The costumes displayed much talent and originality. The prize winners were:—The most comical: Coons, Miss Stewart and Miss Stoness, of High River. The most original: Tramp, Miss Ward. The most beautiful: Powder puff, Miss Rothwell.

BRITISH COLUMBIA NEW WESTMINSTER

Miss Walton (Royal Alexandra Hospital, Edmonton), has resigned her position as night supervisor of the Maternity Department at the Royal Columbian Hospital. On her retirement she was presented with a Limoges tea set by the staff nurses in testimony of the esteem in which she is held.

Miss Eastman (Royal Columbian Hospital, 1924), has accepted a position in the Chilliwack Hospital, Chilliwack.

VANCOUVER

Vancouver General Hospital

Miss Hetty Baynes, 1909, after spending the summer at Douglas Lodge, Stewart Lake, B.C., has returned to spend the winter in Vancouver.

Miss Bessie McPherson, 1925, has accepted a position on the staff of the V.G.H., Vancouver.

Miss Cora Threwethy, 1922, has resigned from the maternity staff of the V.G.H. and has left for New York. She will accompany friends to Florida to spend the winter.

Miss Leila McInnes, 1923, has resigned from the staff of the O.R., V.G.H., and has left to spend the winter in San Francisco, California.

Miss Marjorie Carpenter, 1923, accompanied by her mother and sister (Miss Carpenter, R.N., Royal Victoria Hospital, Montreal), has left to spend the winter in Honolulu.

Miss Margaret Davis has returned to Vancouver after a prolonged visit in Eastern Canada and the States.

Mr. and Mrs. William Manson (nee Beatrice Brouse, 1922), spent their honeymoon in San Francisco.

The following nurses have left Vancouver for the winter: Mrs. Ethel Walsh, 1917, Misses Peggy Murray, 1915, Florence Senay and Dorothy Coughlin, 1923, for California; Ruby Rogers and E. Lynn, 1920, for New Mexico; Grace Cowan and Anne Watson, 1923, for Florida.

VICTORIA

The regular monthly meeting of the Graduate Nurses' Association was held at the nurses' residence, Jubilee Hospital, recently. A large and enthusiastic gathering was delighted with the interesting lecture given by Ven. Archdeacon Laycock on The Cathedrals of England. A complete series of lantern slides illustrated the beauties of Westminster Abbey, St. Paul's Cathedral and many others. Great interest was shown in the slide portraying the proposed cathedral to be built in the city in the near future.

The many friends of Mrs. J. A. Stewart will be grieved to hear of her death, which occurred recently after an illness extending throughout the past two years. Mrs. Stewart was formerly Irene Mable Douglas, of the Brockville General Hospital, Brockville, Ont. Shortly after graduating she went overseas, during the war, and in 1916 married Dr. J. A. Stewart. Since 1919 Dr. and Mrs. Stewart have made their home in Victoria.

NEW BRUNSWICK

The ninth annual meeting of the New Brunswick Association of Registered Nurses was held in the Town Hall, Campbellton, September 15th-17th. Twenty-six nurses registered for attendance. Routine business was transacted. Miss

Margaret Murdock, R.N., president, gave an interesting account of the International Nurses' Congress held at Helsingfors, Finland. Guests at the Convention were Miss Barrington, Provincial Organizer of the Dominion Red Cross Home Nursing Classes, who gave a descriptive talk along this line, and urged the co-operation of the graduate nurses; and Miss Anna K. McGibbon, R.N., of Butler Hospital, Rhode Island, who read a paper on "The Place of Mental Nursing in the Curriculum of the Training School." During the Convention Miss Bliss, R.N., (Superintendent of the Soldiers' Memorial Hospital of Campbellton) and members of the Alumnae delightfully entertained the visiting nurses at luncheon at the Linmac, and at a most enjoyable picnic in the beautiful Metapedia Valley.

Miss Allie L. Burns, R.N., of Saint John, who during the past year took the Public Health Course at McGill University, is spending a holiday in Moncton.

The Miramichi Hospital nurses, New-castle, enjoyably entertained at a masquerade dance on Hallowe'en.

Miss Gladys Jamieson, R.N., of Moncton, has gone to Florida, where she will practice her profession during the winter months.

NOVA SCOTIA

The graduating exercises of the Nova Scotia Hospital, Dartmouth, were held on Thursday, November 5th. Three nurses were granted diplomas, the presentations being made by the Hon. G. S. Harrington, Minister of Works and Mines, to Miss Ruby Gertrude Kempt, Miss Louise Emma Cwickier, and Miss Mable Catherine Cameron. Miss Cameron was awarded the prize for the best examination in medical nursing and also the prize for the best examination in practical nursing. Miss Kempt won the prize for the best examination in surgical nursing. Dr. Burris gave a practical address, referring to the history of nursing, which he traced from pre-Christian days to the present time. Following the addresses the nurses entertained three hundred guests at an enjoyable dance.

Miss Hilda MacDonald, Reg.N., Public Health Nursing, University of Toronto, 1924, of Glendyer, N.S., who for the past four years has been on the staff of the health department of the Province of Saskatchewan, has accepted the position of health nurse in connection with the Normal College, Truro.

Two sections of the Home Nursing class conducted by the Nova Scotia Technical College have started work in the Dalhousie Public Health Clinic. The Nova Scotia Tramways and Power Company have placed their splendidly equipped model kitchen at the disposal of the Home

Nursing classes, under the direction of Miss Anna L. Russell, graduate of McDonald College in household science, who will demonstrate invalid and sick room cooking, and give lectures on nutrition. Miss M. F. Campbell, Reg.N. (Supt., Victorian Order of Nurses, Halifax), and Miss Marjorie Trefry, of the Massachusetts-Halifax Health Commission, are the nursing instructresses.

The annual meeting of the Nova Scotia Graduate Nurses' Association was held in Halifax on November 24th. At the close of sessions, dinner was served at the Green Lantern, followed by a theatre party.

ONTARIO BRANTFORD

Mrs. Skrinshire, who has been supervisor of the Brantford Branch of the Victorian Order of Nurses, has been transferred to Toronto, Ont. Her many friends in Brantford wish her continued success in Toronto. Miss B. W. McRoberts, formerly of Smith Falls, Ont., has been appointed supervisor, and commenced her duties on November 1st. Miss McRoberts is a graduate of Victoria Hospital, London, Ont., and also of the University of Toronto, 1922, in Public Health Nursing.

FORT WILLIAM AND PORT ARTHUR

The regular monthly meeting of the Thunder Bay Graduate Nurses' Association was held in the Nurses' Home of the Port Arthur Railway, Marine and General Hospital, on Thursday, November 5th, with an extremely satisfactory attendance of twenty-six members. After the usual business session, a most enjoyable social hour was spent, during which Miss Vera Graham, Reg.N., of the King George Hospital staff, Winnipeg, read a most interesting paper describing her recent visit "over-seas," which was beautifully illustrated by some splendid photographs. Mrs. Barker contributed some delightful songs in a rich contralto voice of exquisite tenderness, to the accompaniment of Miss Simpson on the pianoforte. A contest on "Our Anatomy," prepared by the president, Miss McDougall, was entered into with great vigor and caused excruciating amusement. The first prize was awarded to Miss Oliver and the consolation prize to Miss Reeder. The usual delicious lunch, for which the Port Arthur nurses are famous, was delightfully served at the conclusion of the meeting.

At the medical staff meeting of the McKellar General Hospital, Fort William, held on Tuesday, November 10th, the Obstetrical Medal for the graduating class of 1925 was awarded to Miss Margorie Reid.

Miss Fortune, R.N., has accepted a position in the Morgan Park Hospital, Duluth, Minn.

HAMILTON**Hamilton General Hospital**

Miss Edith Menzies has accepted a position on the supervising staff of H.G.H., and Miss Tilling has joined the O.R. staff.

Miss Wilma Horn is in charge of the annex for convalescent scarlet fever patients.

Miss Maud MacFarlane has accepted a position at Mount Hamilton Hospital.

On Friday, October 13th, the Alumnae Association held a very successful Hal-lowe'en party.

On Tuesday, November 10th, Dr. Mowbray, gave a very interesting talk on Ductless Glands to the Alumnae.

The Misses Marian Harvie and Muriel Carter left on November 1st for the Albany Hospital, Albany, N.Y.

ST. CATHARINES

At the October meeting of the Alumnae Association, Mack Training School, Miss Margaret Kelman, of the St. Elizabeth Visiting Nurses, Toronto, addressed the association. Miss Kelman had attended the Congress of the International Council of Nurses held in July at Helsingfors, Finland, and gave the members of the association an interesting and vivid report of the Congress.

The marriage of Miss Alberta Dietrick (Mack Training School, 1919), took place recently at Bennington, Vermont.

TORONTO**Hospital for Sick Children**

Miss Franks, who resigned as assistant superintendent of the Hospital for Sick Children owing to ill-health, has been succeeded by Miss Austin, with Miss Gene Clarke as second assistant.

Miss Kerr, 1924, has resigned as nurse in charge of the Infant Ward and is now in charge of the Heart Clinic, in the Out-Patient Department. Miss Jean Griffin, 1924, has taken Miss Kerr's place on the Infant Ward, and Miss Linden and Miss Lewis, 1925, are assistants.

Miss Spanner, 1913, is in charge of the Training School at the Children's Memorial Hospital, Chicago. Miss Lorraine Morrison is assistant to Miss Spanner.

Miss Barbara Spence, 1924, has been appointed second assistant in the Obstetrical Department at the Ottawa Civic Hospital.

Miss Bullock, 1923, has resigned her position as chart nurse in the Infant Ward to enter the Public Health Course. Miss McDougal, 1923, is taking her place.

Miss Carson and Miss Beaton, 1923, are now in charge of the Baby Surgical and the Girls' Surgical, respectively.

Miss Newberry and Miss Calhoun, 1925, recent winners of scholarships, left on October 7th to enter the School for Graduate Nurses, McGill University.

Miss Shuttleworth, 1924, is assistant superintendent at the Orangeville Hospital.

Miss Jenkin and Miss Cameron, 1924, graduates of the School for Graduate Nurses, McGill University, are now instructors of probationers at the hospital.

Miss Fitzgerald, formerly instructor of probationers, resigned her position in September.

Toronto General Hospital

The first social evening of the Toronto General Hospital Alumnae Association was held on Wednesday evening, November 4th, in the Nurses' Residence. In the course of an address, which contributed greatly to the success of the evening, Miss Gunn gave a most comprehensive idea as to nursing conditions in Europe. The members were very pleased to have Miss Snively present, and at the close of Miss Gunn's address she moved a very hearty vote of thanks to Miss Gunn. It was a matter of regret to the Alumnae that owing to her recent illness Miss Snively was unable to enjoy her annual birthday party this year, but the occasion was marked by the sending of a small gift from the Alumnae.

Miss Vivian Lane is with her aunt in Owen Sound and is rapidly recovering her health.

Miss Georgie Clapperton has returned to New York to continue nursing at the Rockefeller Hospital.

Miss Rosabel Coutts, Miss Lucy Morin, and Miss Constance Campbell, 1918, sailed from New York on November 4th for Paris, where they will remain for an indefinite period doing nursing work.

Miss Sophie Holmes, 1923, who has been nursing in New York, and who has spent some time in a Red Cross Outpost in Ontario, has returned to Toronto, where she will continue her work.

Thirty-one members of the class of 1916 were able to attend a class reunion in Toronto recently.

The following changes have been made recently on the staff: Miss Margaret Pelton has resigned as night supervisor of the Emergency Department and has been succeeded by Miss Delight Hilliard, 1925; Miss Constance Fisher has been appointed assistant instructress and supervisor of preliminary students. Miss Ruth Young, 1924, has been appointed head nurse in "C" operating room, and Miss Ella Addison, 1924, head nurse of Ward "H."

QUEBEC**MONTREAL****Montreal General Hospital**

Miss Bernice Willett, 1918, is engaged in private duty nursing in New York.

Miss Nina Brown, 1918, has accepted a position in the Hospital of the Good Samaritan, Los Angeles, Calif.

Miss Eva Sproule, 1920, is now engaged on the staff of the Ford Hospital, Detroit.

Miss Irene McQuade, 1925, has been engaged recently for duty in St. Agathe Sanatorium, St. Agathe, P.Q.

Miss Kathleen Knight, who has been in the X-Ray Department of the Montreal General Hospital, for the past three years, is now doing private duty nursing in Montreal.

Some of our members resident at the Montreal Graduate Nurses' Club were among those who entertained at a very successful Hallowe'en party at the club.

Miscellaneous showers were given for Miss Catherine Livingstone, 1917, and Miss Audrey Sampson, 1919, by their classmates prior to their marriages in October.

Miss Isabel Symonds, 1919, has accepted a position in the Dental Department of the Montreal General Hospital.

Mrs. Harris Todd (Marion Cole, M.G.H.) and family, who have been residing in Louisville, Ky., for some time, have gone to live in Columbus, Ohio.

Mr. and Mrs. Hubert McCulloch (nee Gladys Margaret Russell, 1923) are spending their honeymoon in Bermuda.

Royal Victoria Hospital

Miss Margaret MacCallum, 1921, has been appointed Public Health nurse for Pictou Island, N.B.

Miss Constance Brewster, 1924, a graduate of the School for Graduate Nurses, McGill University, is now instructor at the Hamilton General Hospital.

Miss Ethel Lingley, 1924, is resident nurse at Miss Beard's School, Orange, N.J.

Miss Alice Bruce, 1918, will leave for Trail, B.C., in December to take charge of the hospital there.

Miss Ethel Sharpe and Miss Mary Pickard attended the annual meeting of the Nursing Organizations of New York State, which was held October 27th to 29th, in Albany.

Recently Mrs. Duncan McIntyre, Peel Street, Montreal, entertained at an "at home" in honour of Miss Lillian C. Phillips, superintendent of the Montreal Foundling and Baby Hospital for the past twenty-five years. Among those invited were the superintendents of the hospitals, physicians and members of committees. Miss Phillips was presented with a bond and a handsome purse, the presentation being made by Miss Grace Robertson, who paid a warm tribute to Miss Phillips, who, in her twenty-five years' connection with the hospital had greatly advanced its efficiency. Miss

Phillips is president of the Graduate Nurses' Association of Montreal, and for some years has been recording secretary and treasurer of the Association of Registered Nurses of the Province of Quebec.

Jeffery Hale's Hospital

The Alumnae Association's annual social event in honour of the graduating class was in the form of a banquet held on November 3rd at the Chateau Frontenac. This reunion was attended by a large number of the members of the association as well as the guests of honour: the graduating class, 1925. The tables were beautifully decorated and were presided over by Miss Mary Shaw, who proposed the toast to the King. "Our Alma Mater" was the toast proposed by Miss M. G. Fischer. Other toasts were: "Our Guests," by Mrs. Douglas Jackson, responded to by Miss C. Bignell. "The First Graduating Class," by Miss Aschah, and replied to by Miss F. M. Imrie. "Our Absent Friends," by Miss M. Lunam, replied to by Mrs. A. Matheson; and "The Married Graduates," which was proposed by Miss Lenfesty and responded to by Mrs. L. Teakle. A number of members from a distance sent telegrams of best wishes and congratulations to the class, 1925.

Miss C. E. Armour, who was the delegate from the association to the Congress of the International Council of Nurses, 1925, gave an interesting talk on the Congress and her trip abroad. Miss Armour stated that the visiting delegates to the Congress were deeply impressed with the hospitality accorded them by the people of Finland. Also, that all sessions of the Congress were most interesting and instructive.

Out-of-town delegates who attended the banquet were: Misses McHarg and Partington (J.H.H.), from Three Rivers, P.Q.

The singing of "Auld Lang Syne" brought a delightful evening to a close.

Members of the Graduating Class, 1925, are: Misses Eunice McHarg, Carrol Cass, Ethel Hogan, Gladys Campbell, Ada Aschah, Constance Bignell, Frances Simms, and Mabel West.

Miss E. Matheson, 1921, has been appointed nurse in charge of the Communicable Wards. Miss Matheson recently completed a special course at Weston, Ont., and at the Alexandra Hospital, Montreal.

Miss Nellie McKie, 1923, is night supervisor at the University Hospital, Edmonton, Alta.

Miss F. Hillier, 1923, has accepted a position at the Shawinigan Hospital, Shawinigan Falls.

Miss Edith Glass, 1917, has returned to St. Bartholomew's Hospital, New York, after visiting her parents in Quebec City. While at home Miss Glass was ill in the hospital, and her friends will be glad to

hear that she is quite well again.

The good wishes and congratulations of the Association are extended to Miss Riddle, who has recovered after a very serious operation.

SASKATCHEWAN PRINCE ALBERT

The graduation exercises of the Class, 1925, of Victoria Hospital, were held on October 9th, when the largest class in the history of the school received their medals and diplomas. Addresses were delivered by Major S. J. A. Branion, Dr. S. B. MacMillan, and Mr. B. L. Clemons, chairman of the Hospital Board. The Hippocratic Oath and a message of advice to the class were given by Canon Strong. The programme was interspersed with several musical numbers and a jolly dance followed at the close of the exercises. The graduates are: Misses Jean Moffatt, Kate Hunt, Eva Cooke, Almeda Pickell, Laura Lovell, Eva Jordan, Dorothy Mansell, and Margery Hicks. The following prizes were given: For general proficiency throughout the course, first, a medal, to Miss A. Pickell; second, an Encyclopedia of Nursing, to Miss Eva Cooke; for general pro-

ficiency in final year, one uniform, donated by Corbett-Cowley, Limited, to Miss A. Pickell. Miss Bethyl Bowerman was awarded the prize presented to the Intermediate Class, and Miss Effie Reid received that presented to the Junior Class. All members of the graduating class have passed successfully the provincial examination for the registration of nurses.

A very successful dance was given by the members of the Saskatoon Graduate Nurses' Association on October 29th in the Art Academy. Among the guests were Sir Arthur and Lady Currie, and Miss Currie, of Montreal. The arrangements were ably carried out by Mrs. Calder and Miss Stoker. The proceeds amounted to \$120.00.

At the close of the regular business meeting of the S.G.N.A., November 3rd, the Rev. R. Lorne MacTavish gave a most interesting illustrated talk on his trip to the Old Country.

A bazaar under the auspices of the S.G.N.A. was held in the Ross Block on November 7th. The proceeds, which amounted to \$250.00, are to be given to the Babies' Home and the Anti-Tuberculosis Fund.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

- BABISTER**—On October 13th, at 437 Vickers Street South, Fort William, Ont., to Mr. and Mrs. H. W. Babister (Clara Ross, McKellar General Hospital, Fort William, 1919), a daughter (Shirley Edna).
- BEATON**—On September 7th, at Oshawa General Hospital, to Mr. and Mrs. John H. Beaton (Madeline Rogerson, Wellesley Hospital, Toronto, 1918), a son.
- BELL**—On August 23rd, in Cobourg General Hospital, to Mr. and Mrs. A. F. Bell (Jean Hoskin, Wellesley Hospital, Toronto, 1916), a son (Gordon Cameron).
- COOK**—On October 22nd, at Port Arthur, Ont., to Mr. and Mrs. H. Cook (Mabel Jones, Winnipeg General Hospital, 1918), a son.
- CRAIG**—On August 20th, to Mr. and Mrs. Craig (Marjorie Woodley, Jeffery Hale's Hospital, Quebec, 1914), a son.
- EWART**—In September, 1925, at Golden, B.C., to Dr. and Mrs. Ewart (Anna Beattie, Vancouver General Hospital, 1919), a son.
- JANES**—On October 20th, at the Private Patients' Pavilion, Toronto General Hospital, to Dr. and Mrs. Robert Janes (Lillian Kelly, Toronto General Hospital, 1921), a daughter.
- JOHNSON**—In October, 1925, at the Vancouver General Hospital, to Mr. and Mrs. A. H. Johnson (Mildred Chester, Vancouver General Hospital, 1920), a son (Chester).

OWEN—On October 23rd, at the Royal Alexandra Hospital, Edmonton, to Mr. and Mrs. W. Lewis Owen (Maud Lawrie, Royal Alexandra Hospital, 1920), a son.

SCOTT—In September, 1925, at Los Angeles, California, to Mr. and Mrs. H. P. Scott (Lila Ketcheson, Vancouver General Hospital, 1920), a daughter.

WADMAN—In August, 1925, at Moncton Hospital Annex, to Mr. and Mrs. L. D. Wadman (Hazel Morrison, Moncton Hospital, 1919), a son.

WHITE—On November 2nd, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. White (Irene Conlin, Toronto General Hospital, 1919), a son.

MARRIAGES

ANGELL—MOWATT—In October, 1925, at St. Paul's Anglican Church, Vancouver, Dorothy Mowatt (Vancouver General Hospital, 1924) to Albert Angell. Mr. and Mrs. Angell will reside in Vancouver, B.C.

BARNES—CAMERON—On October 28th, at Montreal, Janet C. Cameron (Royal Victoria Hospital, Montreal, 1915) to the Rev. W. B. Barnes. At Home, Blenheim, Ont.

BONNELL—RIGG—In September, 1925, at Port Limon, Costa Rica, Myrtle Rigg (Toronto General Hospital, 1923) to Richard Bonnell.

CALDER—SAMPSON—On October 31st, 1925, by the Rev. J. Adams Montgomery,

- Audrey Bertha Maude (Montreal General Hospital, 1919), daughter of Mr. Frederick Sampson, of Sherbrooke, P.Q., to Dr. John Rodger Calder, son of Mr. and Mrs. G. F. Calder, Lachute, P.Q.
- CHINNECK—MACRAE—On October 3rd, at St. John's United Church, Vancouver, Ellen M. MacRae (Royal Alexandra Hospital, Edmonton, 1912) to Chester Glenn Chinneck, of Edmonton.
- DAVIDSON—ARMSTRONG—On October 20th, at St. John, N.B., Annie Thomson Armstrong (Royal Victoria Hospital, Montreal, 1923) to Dr. Victor David Davidson.
- FOX—JOHNSON—On November 7th, at St. Anne's Church, Toronto, Fern Johnson (Wellesley Hospital, Toronto, 1924) to Alexander Fox, of Brussels, Ont. Mr. and Mrs. Fox will reside in Toronto.
- GOODRIDGE—HAYWARD—On October 3rd, at St. John's, Newfoundland, Freda Dorothy Hayward (Royal Victoria Hospital, Montreal, 1919) to William Prout Goodridge.
- HANNA—BOYCE—On September 5th, at the church of St. Alban the Martyr, Ottawa, Victoria Muriel Boyce (Toronto General Hospital, 1922) to Frederic James (Eric) Hanna, of Toronto.
- HAWKINS—REID—On August 31st, at Montreal, Jessie Reid (Royal Victoria Hospital, Montreal, 1924) to Willis Hawkins. At Home, Vancouver, B.C.
- HAWLEY—YOUNGS—In October, 1925, at Birmingham, Alabama, Mary Gladys Youngs (Toronto General Hospital, 1923) to Mr. Hawley, of Birmingham.
- HORTON—LIVINGSTONE—On October 31st, 1925, at Halifax, N.S., Katherine Livingstone (Montreal General Hospital, 1917) to Kenneth Horton. Mr. and Mrs. Horton will reside at Yarmouth, N.S.
- INGRAHAM—LEWIS—On September 30th, at Louisburg, Cape Breton, Frances Jane Lewis (Jeffery Hale's Hospital, Quebec, 1918) to David Roy Ingraham.
- KNOWLES—PEARSE—On September 5th, at Galt, Ont., Florence Pearse (Wellesley Hospital, Toronto, 1921) to Harvey Knowles, of Detroit, Mich.
- MANSON—BROUSE—On October 16th, at the home of Mrs. Bowen, Vancouver, Beatrice Brouse (Vancouver General Hospital, 1922) to William Manson. Mr. and Mrs. Manson will reside at Milton Court, Vancouver, B.C.
- MARR—MILLER—On October 14th, at St. Andrew's Church, Langley Prairie, B.C., Audrey Stewart Leslie Miller (Royal Columbian Hospital, New Westminster) to Alfred Ray Marr. Mr. and Mrs. Marr will reside at "The Knoll," Langley Prairie, B.C.
- MERRITT—SLEETH—On September 30th, Laura Sleeth (Jeffery Hale's Hospital, Quebec, 1922) to James C. Merritt.
- MILLER—VALPY—On September 30th, at St. Paul's Church, Gaspé, P.Q., Iva Dumoresq Valpy (Royal Victoria Hospital, Montreal, 1924) to Alfred Charles Miller, of Lachute, P.Q.
- MCCULLOCH—RUSSELL—On October 22nd, 1925, by the Rev. Dr. R. W. Dickie, at the home of the bride's sister, Mrs. W. L. A. Brodie, Notre Dame de Grace Avenue, Montreal, Gladys Margaret Russell (Montreal General Hospital, 1923), daughter of Mr. and Mrs. Henry Russell, of Montreal, to Hubert McCulloch, son of Mr. and Mrs. J. L. McCulloch, of Westmount.
- MCDONALD—SMITH—On October 24th, at Toronto, Kathleen Smith (Toronto General Hospital, 1922) to Dr. Robert McDonald. Dr. and Mrs. McDonald will reside at Cleveland, Ohio.
- MACKAY—MACDONALD—On October 31st, at Regina, Sask., Margaret Adele Macdonald (Royal Alexandra Hospital, Edmonton, 1922), to Dr. William Angus MacKay, of Edmonton.
- McMAHON—SHAW—Recently, at Calumet, P.Q., Elizabeth Shaw (Royal Victoria Hospital, Montreal, 1924) to Thomas McMahon.
- NORSWORTHY—GOLDIE—On October 24th, 1925, Marjorie Wilson Goldie (Montreal General Hospital, 1920) to John W. Norsworthy, of Montreal.
- OGLE—McCONNELL—On October 26th, at Rosedale Presbyterian Church, Toronto, Marguerite McConnell (Wellesley Hospital, Toronto, 1924) to Arthur Trueman Ogle, Bermuda. Mr. and Mrs. Ogle will reside in Toronto.
- STRACHAN—MILLER—On October 3rd, 1925, at Orillia, Ont., Jean Miller (Hospital for Sick Children, Toronto, 1919) to Dr. Grant Strachan. Dr. and Mrs. Strachan will reside in Toronto.
- TITUS—MACDOUGALL—On October 7th, in Mayo, Yukon, Elizabeth MacDougall, R.R.C., R.N. (Medicine Hat General Hospital, 1913) to Lewis H. Titus. Mr. and Mrs. Titus will reside in Mayo.
- WEST—STEWART—On October 31st, at Old St. Andrew's Church, Toronto, Kathleen Margaret Stewart (Toronto General Hospital, 1924) to Thomas Macdonald West, B.A.Sc., of Toronto.

DEATHS

- REDMOND—On October 18th, at the Children's Memorial Hospital, Montreal, infant son of Mr. and Mrs. W. M. Redmond (Catherine Dulmadge, Montreal, General Hospital, 1920).
- STEWART—Recently, in Portland, Ore., Mrs. J. A. Stewart (Irene Mable Douglas, Brockville General Hospital), wife of Dr. J. A. Stewart, Victoria, B.C.

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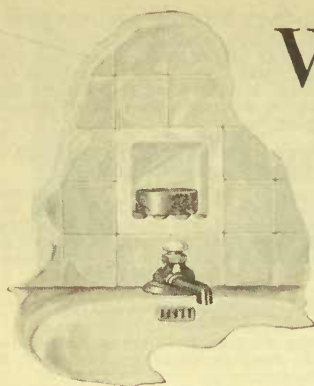
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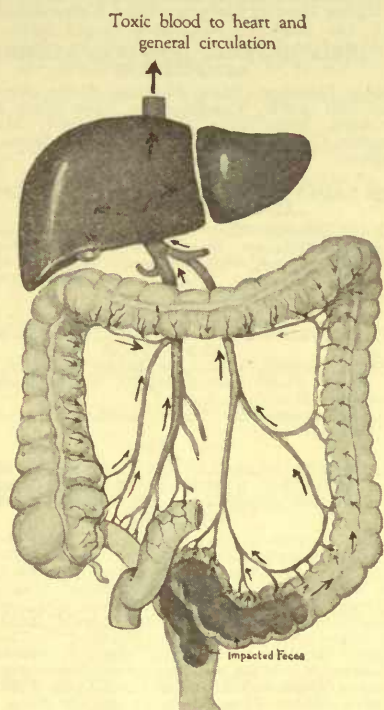
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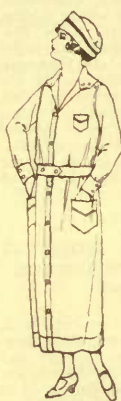
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